

# City of Utica



Utica, New York

To The City Clerk of Utica

*As provided by Section 12 of the Second Class Cities Laws, I hereby certify that*

Name: *Shawn A. Ruddy*

Address: [REDACTED]

Telephone:

*has this day been appointed to the position of Investigator*

*in the department of Public Safety- Bureau Of Police*

*the term to commence June 9, 2016*

*the term to end N/A*

*filling unexpired term of (if applicable)*

Signed

*Mayor*

*Title of Official*

# City of Utica



Utica, New York

To The City Clerk of Utica

*As provided by Section 12 of the Second Class Cities Laws, I hereby  
certify that*

**Name:** *Shawn A. Ruddy*

**Address:** [REDACTED]

**Telephone:**

*has this day been appointed to the position of contingent permanent Police Officer*

*in the department of Public Safety- Bureau Of Police*

*the term to commence August 5, 2004*

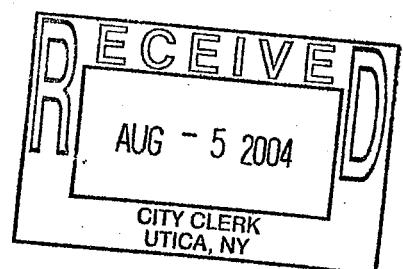
*the term to end*

*filling unexpired term of (if applicable)*

*Signed*

*Mayor*

*Title of Official*



## PERFORMANCE EVALUATION REPORT

| NAME (FIRST, LAST, MT)                              | ID #           | RANK   | DIVISION/UNIT |
|---|----------------|--------|---------------|
| Shawn Ruddy   | 7263           | Inv    | CID           |
| DUTY ASSIGNMENT (I.E. DESK, STREET PATROL, BOOKING) | PERIOD COVERED | FROM   | TO            |
| Major Crime Unit/Nights                             | Yearly         | 1/1/19 | 12/31/19      |

## PERFORMANCE LEVEL DEFINITIONS

OUTSTANDING = 5    VERY GOOD = 4

ACCEPTABLE = 3

NEEDS IMPROVEMENT = 2

UNSATISFACTORY = 1

In making the evaluation of each category below, supervisors are to evaluate the employee's performance only for the past twelve month period and compare that performance to guidelines established in section 6.15 C (1 through 18) of General Order # 02-47 Personnel Performance Evaluations.

## 1. DUTY PERFORMANCE (ALL EMPLOYEES)

|   |                               |   |                           |   |                                      |   |                               |
|---|-------------------------------|---|---------------------------|---|--------------------------------------|---|-------------------------------|
| 5 | PERSONAL APPEARANCE           | 4 | COMMAND PRESENCE          | 4 | REPORT WRITING ABILITY               | 4 | INTERPERSONAL SKILLS (VERBAL) |
| 4 | RESPONSIVENESS TO SUPERVISION | 5 | ATTENDANCE                | 4 | RELIABILITY                          | 4 | PERFORMANCE UNDER STRESS      |
| 4 | PERFORMANCE                   | 5 | PUNCTUALITY               | 4 | INVESTIGATIVE/PROBLEM SOLVING SKILLS |   |                               |
| 4 | JUDGMENT                      | 4 | CARE AND USE OF EQUIPMENT | 4 | KNOWLEDGE OF LAWS, POLICIES, ETC     |   |                               |

## 2. DAYS LOST DURING PERIOD COVERED BY THIS REPORT

SICK: 0    INJURED ON-DUTY: 0    INJURED OFF-DUTY: 0    OTHER: 0    TOTAL OCCURENCES: 0

## 3. SUPERVISORY PERSONNEL ONLY

| LEADERSHIP QUALITIES | EFFECTIVENESS OF DELEGATION | TRAINING/COACHING OF SUBORDINATES | EVALUATION OF SUBORDINATES |
|----------------------|-----------------------------|-----------------------------------|----------------------------|
|                      |                             |                                   |                            |

## 4. NARRATIVE SECTION (This section is to be used to record specific and personal characteristics of this employee which are not adequately covered in the rating sections above. Any factors rated as a 1 or a 5 in the above sections must be articulated in this section.)

-Inv. Ruddy always arrives to work with a clean and neat appearance. He represents the police department well by taking obvious pride in how his appearance is perceived by others.

-During this twelve-month evaluation period, Inv. Ruddy did not use any sick time. He consistently arrives to work on time for his shifts.

-Whenever he is needed, Inv. Ruddy does a great job in making himself available. There were many examples during this evaluation period, when Ruddy changed his work hours or worked on a day that he was previously scheduled to be off. Inv. Ruddy continues to demonstrate he is willing to be flexible when the needs of the unit require him to be.

-Inv. Ruddy remains one of the senior investigators in the unit. His experience from time in the unit, as well as overall experience as a police officer continues to be an asset to the unit. He is always willing to assist other investigators with a pressing issue at hand. His immediate supervisors have also observed his strong verbal skills when speaking with members of the community, as well as victims and suspects in his investigations. Inv. Ruddy's experience as a school resource officer has helped him build relationships in the community that have benefited investigations.

-Inv. Ruddy can be relied upon by his immediate supervisors to complete any task asked of him in an accurate and thorough manner, and to the high standard that is expected. When completing various written work, it is consistently done accurately which shows that Inv. Ruddy fully realizes the importance of doing so.

How can this employee best improve his/her performance? (Include setting Career /Performance Goals).

How can this employee best improve his/her performance?

During the course of 2019, Inv. Ruddy was assigned several shooting investigations in which the victims were either not fully cooperative or totally uncooperative with the investigation. All available steps/actions were taken by Inv. Ruddy however these cases remain open with no arrest. Inv. Ruddy can best improve his performance by trying new investigative techniques and getting creative with new ways to attempt to circumvent the hurdles that uncooperative victims present, in order to increase arrest percentages on these

types of investigations.

(Continue on Back)

(Goal settings Continue From Front)

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 5. OVERALL PERFORMANCE RATING: This overall rating is to be based on the following factors:<br>A. The employee's performance in his/her present assignment during the evaluation period; AND<br>B. Consideration of the general needs of the Department, comparing the capabilities and characteristics of this employee to all other employees of equal rank and pay grade known to the evaluator.   |  |  |  |  |  |
| <input type="checkbox"/> OUTSTANDING <input checked="" type="checkbox"/> VERY GOOD <input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> UNSATISFACTORY   |  |  |  |  |  |
| 6. REVIEWING COMMANDING OFFICER: (Immediate Supervisor)<br>Signature <u>Bryan Coromato</u> Rank <u>Lieutenant</u> Date <u>1/29/20</u><br>Print / Signature <u>Coromato</u>  |  |  |  |  |  |
| 7. SUPERVISOR REVIEWING WITH EMPLOYEE: (Name)<br>Signature <u>David Armstrong</u> Rank <u>Sergeant</u> Date _____<br>Print / Signature <u>Armstrong</u>   |  |  |  |  |  |
| 8. EMPLOYEE'S COMMENTS: (Optional)<br><br><br>  |  |  |  |  |  |
| 9. EMPLOYEE'S SIGNATURE: This signature does not necessarily indicate agreement with this report. It verifies that this report has been personally reviewed with me and that I have received a copy of this report. If I do not agree with this report, I have indicated this by writing "under protest" next to my signature. I have also indicated whether I "request appeal" or "waive appeal" on this report.<br>Signature <u>[Signature]</u> Rank <u>IAC</u> Date <u>1/29/20</u><br>Print / Signature <u>[Signature]</u> |  |  |  |  |  |

## PERFORMANCE EVALUATION REPORT

|   |                                      |                           |                                  |          |   |          |  |          |                     |          |  |          |                                      |          |                   |          |                    |          |                               |          |                   |          |                    |          |   |          |                                |          |                 |          |                                  |          |   |  |  |          |                |          |                    |          |                      |  |  |          |                 |          |                     |          |                        |  |  |
|---|--------------------------------------|---------------------------|----------------------------------|----------|---|----------|--|----------|---------------------|----------|--|----------|--------------------------------------|----------|-------------------|----------|--------------------|----------|-------------------------------|----------|-------------------|----------|--------------------|----------|---|----------|--------------------------------|----------|-----------------|----------|----------------------------------|----------|---|--|--|----------|----------------|----------|--------------------|----------|----------------------|--|--|----------|-----------------|----------|---------------------|----------|------------------------|--|--|
| NAME (FIRST, LAST, MI)<br><b>Shawn Ruddy</b>  | ID #<br><b>7263</b>                  | RANK<br><b>Inv</b>        | DIVISION/UNIT<br><b>CID</b>      |          |   |          |  |          |                     |          |  |          |                                      |          |                   |          |                    |          |                               |          |                   |          |                    |          |   |          |                                |          |                 |          |                                  |          |   |  |  |          |                |          |                    |          |                      |  |  |          |                 |          |                     |          |                        |  |  |
| DUTY ASSIGNMENT (I.E. DESK, STREET PATROL, BOOKING)<br><b>Major Crime Unit/Nights</b>   | PERIOD COVERED<br><b>12 Months</b>   | FROM<br><b>01/01/2018</b> | TO<br><b>12/31/18</b>            |          |   |          |  |          |                     |          |  |          |                                      |          |                   |          |                    |          |                               |          |                   |          |                    |          |   |          |                                |          |                 |          |                                  |          |   |  |  |          |                |          |                    |          |                      |  |  |          |                 |          |                     |          |                        |  |  |
| <b>PERFORMANCE LEVEL DEFINITIONS</b><br>EXCELLENT = 5      GOOD = 4      ACCEPTABLE = 3      NEEDS IMPROVEMENT = 2      UNSATISFACTORY = 1<br>In making the evaluation of each category below, supervisors are to evaluate the employee's performance only for the past six month period and compare that performance to guidelines established in section 6.15 C (1 through 18) of General Order # 02-47 Personnel Performance Evaluations.  |                                      |                           |                                  |          |   |          |  |          |                     |          |  |          |                                      |          |                   |          |                    |          |                               |          |                   |          |                    |          |   |          |                                |          |                 |          |                                  |          |   |  |  |          |                |          |                    |          |                      |  |  |          |                 |          |                     |          |                        |  |  |
| <b>1. DUTY PERFORMANCE (ALL EMPLOYEES)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><b>5</b></td> <td style="width: 25%;"><b>GENERAL APPEARANCE</b></td> <td style="width: 25%;"><b>4</b></td> <td style="width: 25%;"><b>ASSIGNMENT TASKS</b></td> <td style="width: 25%;"><b>4</b></td> <td style="width: 25%;"><b>WORK QUALITY</b></td> <td style="width: 25%;"><b>4</b></td> <td style="width: 25%;"><b>KNOWLEDGE OF LAWS, POLICIES, ETC.</b></td> </tr> <tr> <td><b>4</b></td> <td><b>RESPONSIVENESS TO SUPERVISION</b></td> <td><b>5</b></td> <td><b>ATTENDANCE</b></td> <td><b>4</b></td> <td><b>RELIABILITY</b></td> <td><b>4</b></td> <td><b>REPORT WRITING ABILITY</b></td> </tr> <tr> <td><b>3</b></td> <td><b>INITIATIVE</b></td> <td><b>4</b></td> <td><b>PUNCTUALITY</b></td> <td><b>4</b></td> <td><b>INVESTIGATIVE/PROBLEM SOLVING SKILLS</b></td> <td><b>4</b></td> <td><b>INTERACTION WITH PUBLIC</b></td> </tr> <tr> <td><b>4</b></td> <td><b>JUDGMENT</b></td> <td><b>4</b></td> <td><b>CARE AND USE OF EQUIPMENT</b></td> <td><b>4</b></td> <td><b>INTERACTION WITH OTHER MEMBERS OF THE DEPARTMENT</b></td> <td></td> <td></td> </tr> <tr> <td><b>4</b></td> <td><b>COMMAND</b></td> <td><b>4</b></td> <td><b>PERFORMANCE</b></td> <td><b>4</b></td> <td><b>COMMUNICATION</b></td> <td></td> <td></td> </tr> <tr> <td><b>4</b></td> <td><b>PRESENCE</b></td> <td><b>4</b></td> <td><b>UNDER STRESS</b></td> <td><b>4</b></td> <td><b>SKILLS (VERBAL)</b></td> <td></td> <td></td> </tr> </table> |                                      |                           |                                  | <b>5</b> | <b>GENERAL APPEARANCE</b>                               | <b>4</b> | <b>ASSIGNMENT TASKS</b>                  | <b>4</b> | <b>WORK QUALITY</b> | <b>4</b> | <b>KNOWLEDGE OF LAWS, POLICIES, ETC.</b> | <b>4</b> | <b>RESPONSIVENESS TO SUPERVISION</b> | <b>5</b> | <b>ATTENDANCE</b> | <b>4</b> | <b>RELIABILITY</b> | <b>4</b> | <b>REPORT WRITING ABILITY</b> | <b>3</b> | <b>INITIATIVE</b> | <b>4</b> | <b>PUNCTUALITY</b> | <b>4</b> | <b>INVESTIGATIVE/PROBLEM SOLVING SKILLS</b> | <b>4</b> | <b>INTERACTION WITH PUBLIC</b> | <b>4</b> | <b>JUDGMENT</b> | <b>4</b> | <b>CARE AND USE OF EQUIPMENT</b> | <b>4</b> | <b>INTERACTION WITH OTHER MEMBERS OF THE DEPARTMENT</b> |  |  | <b>4</b> | <b>COMMAND</b> | <b>4</b> | <b>PERFORMANCE</b> | <b>4</b> | <b>COMMUNICATION</b> |  |  | <b>4</b> | <b>PRESENCE</b> | <b>4</b> | <b>UNDER STRESS</b> | <b>4</b> | <b>SKILLS (VERBAL)</b> |  |  |
| <b>5</b>  | <b>GENERAL APPEARANCE</b>            | <b>4</b>                  | <b>ASSIGNMENT TASKS</b>          | <b>4</b> | <b>WORK QUALITY</b>                                     | <b>4</b> | <b>KNOWLEDGE OF LAWS, POLICIES, ETC.</b> |          |                     |          |  |          |                                      |          |                   |          |                    |          |                               |          |                   |          |                    |          |   |          |                                |          |                 |          |                                  |          |   |  |  |          |                |          |                    |          |                      |  |  |          |                 |          |                     |          |                        |  |  |
| <b>4</b>  | <b>RESPONSIVENESS TO SUPERVISION</b> | <b>5</b>                  | <b>ATTENDANCE</b>                | <b>4</b> | <b>RELIABILITY</b>                                      | <b>4</b> | <b>REPORT WRITING ABILITY</b>            |          |                     |          |  |          |                                      |          |                   |          |                    |          |                               |          |                   |          |                    |          |   |          |                                |          |                 |          |                                  |          |   |  |  |          |                |          |                    |          |                      |  |  |          |                 |          |                     |          |                        |  |  |
| <b>3</b>  | <b>INITIATIVE</b>                    | <b>4</b>                  | <b>PUNCTUALITY</b>               | <b>4</b> | <b>INVESTIGATIVE/PROBLEM SOLVING SKILLS</b>             | <b>4</b> | <b>INTERACTION WITH PUBLIC</b>           |          |                     |          |  |          |                                      |          |                   |          |                    |          |                               |          |                   |          |                    |          |   |          |                                |          |                 |          |                                  |          |   |  |  |          |                |          |                    |          |                      |  |  |          |                 |          |                     |          |                        |  |  |
| <b>4</b>  | <b>JUDGMENT</b>                      | <b>4</b>                  | <b>CARE AND USE OF EQUIPMENT</b> | <b>4</b> | <b>INTERACTION WITH OTHER MEMBERS OF THE DEPARTMENT</b> |          |  |          |                     |          |  |          |                                      |          |                   |          |                    |          |                               |          |                   |          |                    |          |   |          |                                |          |                 |          |                                  |          |   |  |  |          |                |          |                    |          |                      |  |  |          |                 |          |                     |          |                        |  |  |
| <b>4</b>  | <b>COMMAND</b>                       | <b>4</b>                  | <b>PERFORMANCE</b>               | <b>4</b> | <b>COMMUNICATION</b>                                    |          |  |          |                     |          |  |          |                                      |          |                   |          |                    |          |                               |          |                   |          |                    |          |   |          |                                |          |                 |          |                                  |          |   |  |  |          |                |          |                    |          |                      |  |  |          |                 |          |                     |          |                        |  |  |
| <b>4</b>  | <b>PRESENCE</b>                      | <b>4</b>                  | <b>UNDER STRESS</b>              | <b>4</b> | <b>SKILLS (VERBAL)</b>                                  |          |  |          |                     |          |  |          |                                      |          |                   |          |                    |          |                               |          |                   |          |                    |          |   |          |                                |          |                 |          |                                  |          |   |  |  |          |                |          |                    |          |                      |  |  |          |                 |          |                     |          |                        |  |  |

|   |                                    |  |                                   |                             |                                    |  |                                   |
|---|------------------------------------|--|-----------------------------------|-----------------------------|------------------------------------|--|-----------------------------------|
| <b>2. SUPERVISORY PERSONNEL ONLY</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><b>LEADERSHIP QUALITIES</b></td> <td style="width: 25%;"><b>EFFECTIVENESS OF DELEGATION</b></td> <td style="width: 25%;"><b>TRAINING/COACHING OF SUBORDINATES</b></td> <td style="width: 25%;"><b>EVALUATION OF SUBORDINATES</b></td> </tr> </table> |                                    |  |                                   | <b>LEADERSHIP QUALITIES</b> | <b>EFFECTIVENESS OF DELEGATION</b> | <b>TRAINING/COACHING OF SUBORDINATES</b> | <b>EVALUATION OF SUBORDINATES</b> |
| <b>LEADERSHIP QUALITIES</b>   | <b>EFFECTIVENESS OF DELEGATION</b> | <b>TRAINING/COACHING OF SUBORDINATES</b> | <b>EVALUATION OF SUBORDINATES</b> |                             |                                    |  |                                   |

**3. NARRATIVE SECTION** (This section is to be used to record specific and personal characteristics of this employee which are not adequately covered in the rating sections above. Any factors rated as a 1 or a 5 in the above sections must be articulated in this section.)

-Inv. Ruddy is always dressed appropriately for his position. It is obvious that he takes pride in his general appearance.

-During this twelve- month evaluation period, Inv. Ruddy did not use any sick time. He consistently arrives to work on time or early for his shift.

-Inv. Ruddy has just completed his fourth year as an investigator in CID. As one of the senior members of CID Nights, his experience has been a valuable asset to the unit. He is always willing to assist with another investigators case; both physically and by offering his advice.

-As one of the [REDACTED]vestigators, Inv. Ruddy continues to make himself available whenever a major incident takes place. He is always willing to change his work hours or work days in order to meet the needs of the unit.

-Inv. Ruddy worked on several high-profile cases during 2018 which highlighted his ability to be successful in putting together a complex investigation. One example is the [REDACTED]e (RMS 18-10102). Due to the sound case put together by Inv. Ruddy, the defendant elected to plead guilty to Murder 2<sup>nd</sup> in lieu of going to trial. Another example is the shooting investigation in which [REDACTED]n was charged with and pled guilty to Attempted Murder 2<sup>nd</sup> (RMS 1-21438). This was accomplished largely as a result of Inv. Ruddy obtaining a confession from the suspect while in the hospital, highlighting his verbal skills.

-Inv. Ruddy's written work remains very good. He takes the necessary time to proofread his work and understands the importance of being completely accurate given the gravity of the cases he is working on.

**How can this employee best improve his/her performance?**

Inv. Ruddy displays great initiative when working on current cases and is willing to do whatever is necessary to complete the investigation. He can best improve his overall performance by spending more time on the older homicide investigations in the time between current investigations.

**Additional Narrative Section**

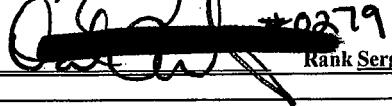
-Inv. Ruddy should continue to show interest in attending specialized trainings and schools on topics related to his position.

**OVERALL PERFORMANCE RATING:** This overall rating is to be based on the following factors:

- A. The employee's performance in his/her present assignment during the evaluation period; AND
- B. Consideration of the general needs of the Department, comparing the capabilities and characteristics of this employee to all other employees of equal rank and paygrade known to the evaluator.

 EXCELLENT GOOD ACCEPTABLE NEEDS IMPROVEMENT UNSATISFACTORY**4. EVALUATING SUPERVISOR:** (Immediate supervisor)Print Name Bryan Coromato Signature 

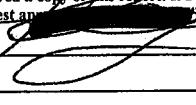
Rank Lieutenant

Date 1/29/19**5. SUPERVISOR REVIEWING WITH EMPLOYEE:**Print Name David Armstrong Signature 

Rank Sergeant

Date 1/29/19**6. EMPLOYEE'S COMMENTS: (Optional)**

**7. EMPLOYEE'S SIGNATURE:** This signature does not necessarily indicate agreement with this report. It verifies that this report has been personally reviewed with me and that I have received a copy of this report. If I do not agree with this report, I have indicated this by writing "under protest" next to my signature. I have also indicated whether I "request another copy" of this report.

SIGNATURE RANK FOWDATE 1/29/19

## PERFORMANCE EVALUATION REPORT

|   |                                    |                           |                             |
|---|------------------------------------|---------------------------|-----------------------------|
| NAME (FIRST, LAST, MI)<br><b>Shawn Ruddy</b>  | ID #<br><b>7263</b>                | RANK<br><b>Inv</b>        | DIVISION/UNIT<br><b>CID</b> |
| DUTY ASSIGNMENT (I.E. DESK, STREET PATROL, BOOKING)<br><b>Major Crime Unit/Nights</b> | PERIOD COVERED<br><b>12 Months</b> | FROM<br><b>01/01/2017</b> | TO<br><b>12/31/17</b>       |

PERFORMANCE LEVEL DEFINITIONS

EXCELLENT = 5      GOOD = 4

ACCEPTABLE = 3

NEEDS IMPROVEMENT = 2

UNSATISFACTORY = 1

In making the evaluation of each category below, supervisors are to evaluate the employee's performance only for the past six month period and compare that performance to guidelines established in section 6.15 C (1 through 18) of General Order # 02-47 Personnel Performance Evaluations.

## 1. DUTY PERFORMANCE (ALL EMPLOYEES)

|                                 |   |                           |   |  |                                     |
|---------------------------------|---|---------------------------|---|--|-------------------------------------|
| 5 GENERAL APPEARANCE            | 4 | ASSIGNMENT TASKS          | 4 | WORK QUALITY                                     | 4 KNOWLEDGE OF LAWS, POLICIES, ETC. |
| 4 RESPONSIVENESS TO SUPERVISION | 5 | ATTENDANCE                | 4 | RELIABILITY                                      | 4 REPORT WRITING ABILITY            |
| 3 INITIATIVE                    | 4 | PUNCTUALITY               | 4 | INVESTIGATIVE/PROBLEM SOLVING SKILLS             | 4 INTERACTION WITH PUBLIC           |
| 4 JUDGMENT                      | 4 | CARE AND USE OF EQUIPMENT | 4 | INTERACTION WITH OTHER MEMBERS OF THE DEPARTMENT |                                     |
| COMMAND                         |   | PERFORMANCE               |   | COMMUNICATION                                    |                                     |
| 4 PRESENCE                      | 4 | UNDER STRESS              | 4 | SKILLS (VERBAL)                                  |                                     |

## 2. SUPERVISORY PERSONNEL ONLY

| LEADERSHIP QUALITIES | EFFECTIVENESS OF DELEGATION | TRAINING/COACHING OF SUBORDINATES | EVALUATION OF SUBORDINATES |
|----------------------|-----------------------------|-----------------------------------|----------------------------|
|                      |                             |                                   |                            |

## 3. NARRATIVE SECTION (This section is to be used to record specific and personal characteristics of this employee which are not adequately covered in the rating sections above. Any factors rated as a 1 or a 5 in the above sections must be articulated in this section.)

- Inv. Ruddy's general appearance is always at the level that is expected of a CID member.
- During this twelve- month evaluation period, Inv. Ruddy did not use any sick time.
- Inv. Ruddy's certification in voice stress analysis continues to be an asset for the unit. He is always eager to assist with anyone that requests it.
- His paperwork remains consistently accurate; both in content and grammar/spelling. Inv. Ruddy realizes the importance of this and it is evident that he takes the extra time to proofread his work.
- During this past year, Ruddy was involved in several major cases; both as the lead investigator and secondary investigator. During these times and whenever it was asked of him, Ruddy adjusted his work hours, or came in on a day off in order to accommodate the needs of the unit. He has proven to be very reliable. When given a task to complete, his immediate supervisors know the task will be completed.
- As one of the senior investigators in the night unit, Inv. Ruddy continues to assist with developing the younger investigators by helping them with their investigations.
- On several occasions throughout the year when unforeseen issues created a scheduling conflict, Inv. Ruddy has volunteered to cover the general assignment on-call or to work a weekend day.

## How can this employee best improve his/her performance?

Inv. Ruddy can best improve his performance by showing more initiative to work on/review the older homicide investigations and by working more closely with the other members of the [REDACTED]. This is something that each member of the unit should make an effort to improve on.

**Additional Narrative Section**

-Inv. Ruddy should continue to show interest in attending specialized trainings and schools on topics related to his position.

**OVERALL PERFORMANCE RATING:** This overall rating is to be based on the following factors:

- A. The employee's performance in his/her present assignment during the evaluation period; AND  
B. Consideration of the general needs of the Department, comparing the capabilities and characteristics of this employee to all other employees of equal rank and paygrade known to the evaluator.

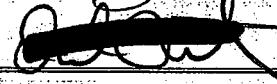
EXCELLENT

GOOD

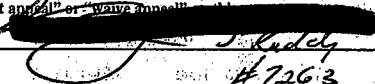
ACCEPTABLE

NEEDS IMPROVEMENT

UNSATISFACTORY

**4. EVALUATING SUPERVISOR: (Immediate supervisor)**Print Name Bryan Coromato Signature Rank Lieutenant Date 1/29/18**5. SUPERVISOR REVIEWING WITH EMPLOYEE:**Print Name David Armstrong Signature Rank Sergeant Date 1/29/18**6. EMPLOYEE'S COMMENTS: (Optional)**

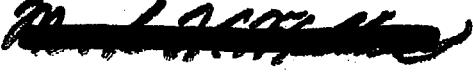
7. **EMPLOYEE'S SIGNATURE:** This signature does not necessarily indicate agreement with this report. It verifies that this report has been personally reviewed with me and that I have received a copy of this report. If I do not agree with this report, I have indicated this by writing "under protest" next to my signature. I have also indicated whether I "request appeal" or "waive appeal".

SIGNATURE RANK InvDATE 1/29/18

#7263

Report all personnel changes to this form  
 Send ONE COPY prior to payroll affected by this change  
 SUPPLEMENTARY PAYROLL CERTIFICATION AND  
 REPORT OF PERSONNEL CHANGE

DATE  
 MONTH 04 DAY 01 YEAR 2020

| TO:<br><b>Utica Civil Service Commission</b>   |  | NAME OF EMPLOYEE:<br><b>Ruddy, Shawn A</b>   |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|--|--|--|--|--|-----------------------|--|--|------------------------------------|--|--------------------------------|--------------------------------------|--|------------------------------|------------------------------------|-----------------------|----------------------------|-------------------------------------|-----------------------|--------------------------|---|-----------------------|--------------------------|--|--|--------------------------------|--|--|-------------------|--|--|------------------------------|---------------------------------------|--|-----------------------|--------------------------------------|--|------------------------------|---|--------------------------------------|--|---------------------------|-------------------------------------|--|---------------------|-----------------------------------|--|---------------|----------------------------------|--|----------------------------|---|--|--------------------------|--|--|--|--------------------------|---|-----------------------|--------------------------|-----------------------------------|--|--------------------------|-----------------------------------|--|--------------------------|-------------------------------------|--|--------------------------|--|--|--------------------------|---|--|--------------------------|---------------------------------------|--|---------------------|--|--------|---------------------|---|--|--------------------------|--------------------------------|--|--------------------------|
| FROM: (Check only one)<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village or District  |  | ADDRESS: [REDACTED]  |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| DEPARTMENT:<br><b>Police Department</b>  |  | TITLE OF POSITION:<br><b>Investigator</b>  |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| NAME AND TITLE OF LAST EMPLOYEE IN POSITION:   |  | SALARY:<br><b>\$ 81,833.</b>   |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  |  | <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran<br><input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Fireman |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  |  | DATE OF BIRTH:   |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  |  | SOCIAL SECURITY NUMBER:<br><b>ID# 7263</b>   |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <table border="1"> <thead> <tr> <th colspan="2"><u>Check Nature of Personnel Change</u></th> <th><u>Date Effective</u></th> <th><u>Action Necessary by Appointing Officer:</u></th> </tr> </thead> <tbody> <tr> <td rowspan="10">A<br/>P<br/>P<br/>O<br/>I<br/>N<br/>T<br/>M<br/>E<br/>N<br/>T<br/>S</td> <td><input type="checkbox"/> Permanent</td> <td></td> <td>Return report of Certification</td> </tr> <tr> <td><input type="checkbox"/> Provisional</td> <td></td> <td>Attach application (MSD-330)</td> </tr> <tr> <td><input type="checkbox"/> Temporary</td> <td>From: _____ To: _____</td> <td>State length of employment</td> </tr> <tr> <td><input type="checkbox"/> Substitute</td> <td>From: _____ To: _____</td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> For Term of Office</td> <td>From: _____ To: _____</td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Permanent Promotion</td> <td></td> <td>Return report of Certification</td> </tr> <tr> <td><input type="checkbox"/> Provisional Promotion</td> <td></td> <td>Attach nomination</td> </tr> <tr> <td><input type="checkbox"/> Non-Competitive Class</td> <td></td> <td>Attach application (MSD-330)</td> </tr> <tr> <td><input type="checkbox"/> Exempt Class</td> <td></td> <td>Submit this form only</td> </tr> <tr> <td><input type="checkbox"/> Labor Class</td> <td></td> <td>Attach application (MSD-330)</td> </tr> <tr> <td rowspan="5">T<br/>E<br/>R<br/>T<br/>M<br/>I<br/>O<br/>N<br/>N<br/>A<br/>S</td> <td><input type="checkbox"/> Resignation</td> <td></td> <td>Submit signed resignation</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td></td> <td>Give effective date</td> </tr> <tr> <td><input type="checkbox"/> Deceased</td> <td></td> <td>Indicate date</td> </tr> <tr> <td><input type="checkbox"/> Removal</td> <td></td> <td>Attach copy of proceedings</td> </tr> <tr> <td><input type="checkbox"/> Layoff (Lack of Work or Funds)</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td rowspan="10">O<br/>T<br/>H<br/>E<br/>R<br/><br/>C<br/>H<br/>A<br/>N<br/>G<br/>E<br/>S</td> <td><input type="checkbox"/> Military Leave of Absence</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Other Leave of Absence</td> <td>From: _____ To: _____</td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Transfer</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Demotion</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Suspension</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Reinstatement</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Change in Classification</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> New Position</td> <td></td> <td>Submit form MSD-222</td> </tr> <tr> <td><input checked="" type="checkbox"/> Change in Salary</td> <td>4/1/20</td> <td>Indicate new salary</td> </tr> <tr> <td><input type="checkbox"/> Change in Name</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td>Give facts under Remarks</td> </tr> </tbody> </table> |  |  | <u>Check Nature of Personnel Change</u>        |  | <u>Date Effective</u> | <u>Action Necessary by Appointing Officer:</u> | A<br>P<br>P<br>O<br>I<br>N<br>T<br>M<br>E<br>N<br>T<br>S | <input type="checkbox"/> Permanent |  | Return report of Certification | <input type="checkbox"/> Provisional |  | Attach application (MSD-330) | <input type="checkbox"/> Temporary | From: _____ To: _____ | State length of employment | <input type="checkbox"/> Substitute | From: _____ To: _____ | Give facts under Remarks | <input type="checkbox"/> For Term of Office | From: _____ To: _____ | Give facts under Remarks | <input type="checkbox"/> Permanent Promotion |  | Return report of Certification | <input type="checkbox"/> Provisional Promotion |  | Attach nomination | <input type="checkbox"/> Non-Competitive Class |  | Attach application (MSD-330) | <input type="checkbox"/> Exempt Class |  | Submit this form only | <input type="checkbox"/> Labor Class |  | Attach application (MSD-330) | T<br>E<br>R<br>T<br>M<br>I<br>O<br>N<br>N<br>A<br>S | <input type="checkbox"/> Resignation |  | Submit signed resignation | <input type="checkbox"/> Retirement |  | Give effective date | <input type="checkbox"/> Deceased |  | Indicate date | <input type="checkbox"/> Removal |  | Attach copy of proceedings | <input type="checkbox"/> Layoff (Lack of Work or Funds) |  | Give facts under Remarks | O<br>T<br>H<br>E<br>R<br><br>C<br>H<br>A<br>N<br>G<br>E<br>S | <input type="checkbox"/> Military Leave of Absence |  | Give facts under Remarks | <input type="checkbox"/> Other Leave of Absence | From: _____ To: _____ | Give facts under Remarks | <input type="checkbox"/> Transfer |  | Give facts under Remarks | <input type="checkbox"/> Demotion |  | Give facts under Remarks | <input type="checkbox"/> Suspension |  | Give facts under Remarks | <input type="checkbox"/> Reinstatement |  | Give facts under Remarks | <input type="checkbox"/> Change in Classification |  | Give facts under Remarks | <input type="checkbox"/> New Position |  | Submit form MSD-222 | <input checked="" type="checkbox"/> Change in Salary | 4/1/20 | Indicate new salary | <input type="checkbox"/> Change in Name |  | Give facts under Remarks | <input type="checkbox"/> Other |  | Give facts under Remarks |
| <u>Check Nature of Personnel Change</u>  |  | <u>Date Effective</u>  | <u>Action Necessary by Appointing Officer:</u> |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| A<br>P<br>P<br>O<br>I<br>N<br>T<br>M<br>E<br>N<br>T<br>S   | <input type="checkbox"/> Permanent   |  | Return report of Certification                 |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> Provisional   |  | Attach application (MSD-330)                   |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> Temporary   | From: _____ To: _____  | State length of employment                     |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> Substitute  | From: _____ To: _____  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> For Term of Office  | From: _____ To: _____  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> Permanent Promotion   |  | Return report of Certification                 |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> Provisional Promotion   |  | Attach nomination                              |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> Non-Competitive Class   |  | Attach application (MSD-330)                   |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> Exempt Class  |  | Submit this form only                          |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> Labor Class   |  | Attach application (MSD-330)                   |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| T<br>E<br>R<br>T<br>M<br>I<br>O<br>N<br>N<br>A<br>S  | <input type="checkbox"/> Resignation   |  | Submit signed resignation                      |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> Retirement  |  | Give effective date                            |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> Deceased  |  | Indicate date                                  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> Removal   |  | Attach copy of proceedings                     |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> Layoff (Lack of Work or Funds)  |  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| O<br>T<br>H<br>E<br>R<br><br>C<br>H<br>A<br>N<br>G<br>E<br>S   | <input type="checkbox"/> Military Leave of Absence   |  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> Other Leave of Absence  | From: _____ To: _____  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> Transfer  |  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> Demotion  |  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> Suspension  |  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> Reinstatement   |  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> Change in Classification  |  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> New Position  |  | Submit form MSD-222                            |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input checked="" type="checkbox"/> Change in Salary   | 4/1/20   | Indicate new salary                            |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  | <input type="checkbox"/> Change in Name  |  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Other   |  | Give facts under Remarks   |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| Remarks: (Continue on back if necessary)   |  |  |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| Longevity inc. eff. 4/1/20   |  |  |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <br>Appointing Officer<br>Title _____<br>Address _____<br><span style="border: 1px solid black; padding: 2px;">+</span>  |  |  |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| Longevity inc. eff. 8/2/19<br>3.75% contract inc. eff. 4/1/19  |  |  |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| CERTIFICATE<br>valid until<br><br>(Date) _____   | This certifies that the above<br>employment is in accordance with<br>Law and Rules made in pursuance<br>to law. Subject to any limitation or<br>condition specified above.<br>By _____<br>Date _____ |  |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |   |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |

Report all personnel changes to this form  
 Send ONE COPY prior to payroll affected by this change  
 SUPPLEMENTARY PAYROLL CERTIFICATION AND  
 REPORT OF PERSONNEL CHANGE

DATE  
 MONTH 08 DAY 02 YEAR 2019

TO: Utica Civil Service Commission

FROM: (Check only one)

City  County  Town  Village or District

DEPARTMENT:

Police Department

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

NAME OF EMPLOYEE:  
 Ruddy, Shawn A

ADDRESS: [REDACTED]

TITLE OF POSITION:  
 Investigator

SALARY:

\$ 78,875.

Veteran  
 Disabled Veteran

Non-Veteran  
 Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:  
 ID# 7263

*Check Nature of Personnel Change*

*Date Effective*

*Action Necessary by Appointing Officer:*

|  |   |                       |                                |
|--|---|-----------------------|--------------------------------|
| A<br>P<br>P<br>O<br>I<br>N<br>T<br>M<br>E<br>N<br>T<br>S     | <input type="checkbox"/> Permanent                      |                       | Return report of Certification |
|  | <input type="checkbox"/> Provisional                    |                       | Attach application (MSD-330)   |
|  | <input type="checkbox"/> Temporary                      | From: _____ To: _____ | State length of employment     |
|  | <input type="checkbox"/> Substitute                     | From: _____ To: _____ | Give facts under Remarks       |
|  | <input type="checkbox"/> For Term of Office             | From: _____ To: _____ | Give facts under Remarks       |
|  | <input type="checkbox"/> Permanent Promotion            |                       | Return report of Certification |
|  | <input type="checkbox"/> Provisional Promotion          |                       | Attach nomination              |
|  | <input type="checkbox"/> Non-Competitive Class          |                       | Attach application (MSD-330)   |
|  | <input type="checkbox"/> Exempt Class                   |                       | Submit this form only          |
|  | <input type="checkbox"/> Labor Class                    |                       | Attach application (MSD-330)   |
| T<br>E<br>R<br>T<br>M<br>I<br>O<br>N<br>N<br>N<br>A<br>S     | <input type="checkbox"/> Resignation                    |                       | Submit signed resignation      |
|  | <input type="checkbox"/> Retirement                     |                       | Give effective date            |
|  | <input type="checkbox"/> Deceased                       |                       | Indicate date                  |
|  | <input type="checkbox"/> Removal                        |                       | Attach copy of proceedings     |
|  | <input type="checkbox"/> Layoff (Lack of Work or Funds) |                       | Give facts under Remarks       |
| O<br>T<br>H<br>E<br>R<br><br>C<br>H<br>A<br>N<br>G<br>E<br>S | <input type="checkbox"/> Military Leave of Absence      |                       | Give facts under Remarks       |
|  | <input type="checkbox"/> Other Leave of Absence         | From: _____ To: _____ | Give facts under Remarks       |
|  | <input type="checkbox"/> Transfer                       |                       | Give facts under Remarks       |
|  | <input type="checkbox"/> Demotion                       |                       | Give facts under Remarks       |
|  | <input type="checkbox"/> Suspension                     |                       | Give facts under Remarks       |
|  | <input type="checkbox"/> Reinstatement                  |                       | Give facts under Remarks       |
|  | <input type="checkbox"/> Change in Classification       |                       | Give facts under Remarks       |
|  | <input type="checkbox"/> New Position                   |                       | Submit form MSD-222            |
|  | <input checked="" type="checkbox"/> Change in Salary    | 8/2/19                | Indicate new salary            |
|  | <input type="checkbox"/> Change in Name                 |                       | Give facts under Remarks       |
|  | <input type="checkbox"/> Other                          |                       | Give facts under Remarks       |

Remarks: (Continue on back if necessary)

Longevity inc. eff. 8/2/19

3.75% contract inc. eff. 4/1/19

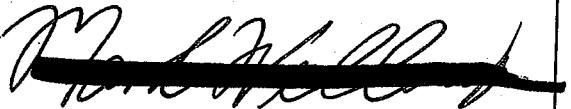
New Contract salary changes eff. 4/1/18

pp. 6/8/18

Appointing Officer

Title

Address

  
 Chief of Police

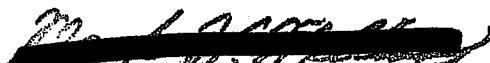
CERTIFICATE  
 valid until  
 \_\_\_\_\_

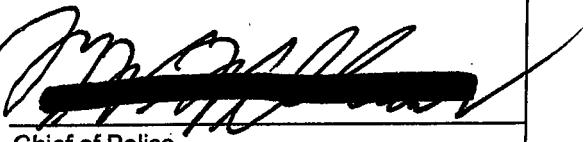
This certifies that the above  
 employment is in accordance with  
 Law and Rules made in pursuance  
 to law. Subject to any limitation or  
 condition specified above.

By

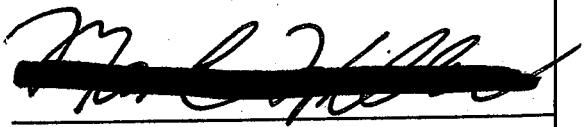
Date

(Date)

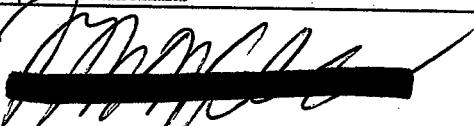
| Report all personnel changes to this form<br>Send ONE COPY prior to payroll affected by this change<br><b>SUPPLEMENTARY PAYROLL CERTIFICATION AND REPORT OF PERSONNEL CHANGE</b>   |                       | DATE<br><br>MONTH 04 DAY 01 YEAR 2019  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|--|-----------------------|--|---|-----------------------|--|------------------------------------|--|--------------------------------|--------------------------------------|--|------------------------------|------------------------------------|-----------------------|----------------------------|-------------------------------------|-----------------------|--------------------------|---|-----------------------|--------------------------|--|--|--------------------------------|--|--|-------------------|--|--|------------------------------|---------------------------------------|--|-----------------------|--------------------------------------|--|------------------------------|--|--|--|--------------------------------------|--|---------------------------|-------------------------------------|--|---------------------|-----------------------------------|--|---------------|----------------------------------|--|----------------------------|---|--|--------------------------|--|--|--|--|--|--------------------------|---|-----------------------|--------------------------|-----------------------------------|--|--------------------------|-----------------------------------|--|--------------------------|-------------------------------------|--|--------------------------|--|--|--------------------------|---|--|--------------------------|---------------------------------------|--|---------------------|--|--------|---------------------|---|--|--------------------------|--------------------------------|--|--------------------------|
| <b>TO:</b><br><b>Utica Civil Service Commission</b>  |                       | <b>NAME OF EMPLOYEE:</b><br><b>Ruddy, Shawn A</b>  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <b>FROM:</b> (Check only one)<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village or District   |                       | <b>ADDRESS:</b><br><span style="background-color: black; color: black;">REDACTED</span>  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <b>DEPARTMENT:</b><br><b>Police Department</b>   |                       | <b>TITLE OF POSITION:</b><br><b>Investigator</b>   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <b>NAME AND TITLE OF LAST EMPLOYEE IN POSITION:</b>  |                       | <b>SALARY:</b><br><b>\$ 78,122.</b>  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  |                       | <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran<br><input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Fireman |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  |                       | <b>DATE OF BIRTH:</b><br><span style="background-color: black; color: black;">REDACTED</span>  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  |                       | <b>SOCIAL SECURITY NUMBER:</b><br><b>ID# 7263</b>  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;"><i>Check Nature of Personnel Change</i></th> <th style="text-align: center; padding: 2px;"><i>Date Effective</i></th> <th style="text-align: left; padding: 2px;"><i>Action Necessary by Appointing Officer:</i></th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"><input type="checkbox"/> Permanent</td> <td style="text-align: center; padding: 2px;"></td> <td style="padding: 2px;">Return report of Certification</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Provisional</td> <td style="text-align: center; padding: 2px;"></td> <td style="padding: 2px;">Attach application (MSD-330)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Temporary</td> <td style="text-align: center; padding: 2px;">From: _____ To: _____</td> <td style="padding: 2px;">State length of employment</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Substitute</td> <td style="text-align: center; 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padding: 2px;"></td> <td style="padding: 2px;">Submit this form only</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Labor Class</td> <td style="text-align: center; padding: 2px;"></td> <td style="padding: 2px;">Attach application (MSD-330)</td> </tr> <tr> <td colspan="3" style="height: 10px;"></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Resignation</td> <td style="text-align: center; padding: 2px;"></td> <td style="padding: 2px;">Submit signed resignation</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Retirement</td> <td style="text-align: center; padding: 2px;"></td> <td style="padding: 2px;">Give effective date</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Deceased</td> <td style="text-align: center; padding: 2px;"></td> <td style="padding: 2px;">Indicate date</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Removal</td> <td style="text-align: center; padding: 2px;"></td> <td style="padding: 2px;">Attach copy of proceedings</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Layoff (Lack of Work or Funds)</td> <td style="text-align: center; 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| <i>Check Nature of Personnel Change</i>  | <i>Date Effective</i> | <i>Action Necessary by Appointing Officer:</i>   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Permanent   |                       | Return report of Certification   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Provisional   |                       | Attach application (MSD-330)   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Temporary   | From: _____ To: _____ | State length of employment   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Substitute  | From: _____ To: _____ | Give facts under Remarks   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> For Term of Office  | From: _____ To: _____ | Give facts under Remarks   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Permanent Promotion   |                       | Return report of Certification   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Provisional Promotion   |                       | Attach nomination  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Non-Competitive Class   |                       | Attach application (MSD-330)   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Exempt Class  |                       | Submit this form only  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Labor Class   |                       | Attach application (MSD-330)   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  |                       |  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Resignation   |                       | Submit signed resignation  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Retirement  |                       | Give effective date  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Deceased  |                       | Indicate date  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Removal   |                       | Attach copy of proceedings   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Layoff (Lack of Work or Funds)  |                       | Give facts under Remarks   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|  |                       |  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Military Leave of Absence   |                       | Give facts under Remarks   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Other Leave of Absence  | From: _____ To: _____ | Give facts under Remarks   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Transfer  |                       | Give facts under Remarks   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Demotion  |                       | Give facts under Remarks   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Suspension  |                       | Give facts under Remarks   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Reinstatement   |                       | Give facts under Remarks   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Change in Classification  |                       | Give facts under Remarks   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> New Position  |                       | Submit form MSD-222  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input checked="" type="checkbox"/> Change in Salary   | 4/1/19                | Indicate new salary  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Change in Name  |                       | Give facts under Remarks   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Other   |                       | Give facts under Remarks   |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <b>Remarks:</b> (Continue on back if necessary)  |                       |  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <b>3.75% contract inc. eff. 4/1/19</b>   |                       |  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
|    |                       |  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| Appointing Officer<br>Title _____<br>Address _____   |                       |  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <b>Chief of Police</b>   |                       |  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| <b>New Contract salary changes eff. 4/1/18</b><br><b>pp. 6/8/18</b>  |                       |  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| CERTIFICATE<br>valid until _____<br><br>(Date) _____   |                       |  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| This certifies that the above<br>employment is in accordance with<br>Law and Rules made in pursuance<br>to law. Subject to any limitation or<br>condition specified above.   |                       |  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |
| By _____<br><br>Date _____   |                       |  |   |                       |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |  |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |  |  |  |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |        |                     |   |  |                          |                                |  |                          |

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|---|---|--|--|
| Report all personnel changes to this form<br>Send ONE COPY prior to payroll affected by this change<br><b>SUPPLEMENTARY PAYROLL CERTIFICATION AND REPORT OF PERSONNEL CHANGE</b>  |   | <b>DATE</b><br><br>MONTH <b>06</b> DAY <b>08</b> YEAR <b>2018</b>  |  |
| <b>TO:</b><br><b>Utica Civil Service Commission</b><br><b>FROM:</b> (Check only one)<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village or District |   | <b>NAME OF EMPLOYEE:</b><br><b>Ruddy, Shawn A</b><br><b>ADDRESS:</b> [REDACTED]  |  |
| <b>DEPARTMENT:</b><br><b>Police Department</b>  |   | <b>TITLE OF POSITION:</b><br><b>Investigator</b><br><b>SALARY:</b><br><b>\$ 75,299.</b>  |  |
| <b>NAME AND TITLE OF LAST EMPLOYEE IN POSITION:</b>   |   | <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran<br><input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Fireman       |  |
|   |   | <b>DATE OF BIRTH:</b> <b>SOCIAL SECURITY NUMBER:</b><br><b>ID# 7263</b>  |  |
| <u><b>Check Nature of Personnel Change</b></u>  |   | <u><b>Date Effective</b></u>   | <u><b>Action Necessary by Appointing Officer</b></u> |
| <b>A<br/>P<br/>P<br/>O<br/>I<br/>N<br/>T<br/>M<br/>E<br/>N<br/>T<br/>S</b>  | <input type="checkbox"/> Permanent                      |  | Return report of Certification                       |
|   | <input type="checkbox"/> Provisional                    |  | Attach application (MSD-330)                         |
|   | <input type="checkbox"/> Temporary                      | From: _____ To: _____  | State length of employment                           |
|   | <input type="checkbox"/> Substitute                     | From: _____ To: _____  | Give facts under Remarks                             |
|   | <input type="checkbox"/> For Term of Office             | From: _____ To: _____  | Give facts under Remarks                             |
|   | <input type="checkbox"/> Permanent Promotion            |  | Return report of Certification                       |
|   | <input type="checkbox"/> Provisional Promotion          |  | Attach nomination                                    |
|   | <input type="checkbox"/> Non-Competitive Class          |  | Attach application (MSD-330)                         |
|   | <input type="checkbox"/> Exempt Class                   |  | Submit this form only                                |
|   | <input type="checkbox"/> Labor Class                    |  | Attach application (MSD-330)                         |
| <b>T<br/>E<br/>R<br/>R<br/>M<br/>I<br/>O<br/>N<br/>N<br/>A<br/>S</b>  | <input type="checkbox"/> Resignation                    |  | Submit signed resignation                            |
|   | <input type="checkbox"/> Retirement                     |  | Give effective date                                  |
|   | <input type="checkbox"/> Deceased                       |  | Indicate date  |
|   | <input type="checkbox"/> Removal                        |  | Attach copy of proceedings                           |
|   | <input type="checkbox"/> Layoff (Lack of Work or Funds) |  | Give facts under Remarks                             |
| <b>O<br/>T<br/>H<br/>E<br/>R<br/><br/>C<br/>H<br/>A<br/>N<br/>G<br/>E<br/>S</b>   | <input type="checkbox"/> Military Leave of Absence      |  | Give facts under Remarks                             |
|   | <input type="checkbox"/> Other Leave of Absence         | From: _____ To: _____  | Give facts under Remarks                             |
|   | <input type="checkbox"/> Transfer                       |  | Give facts under Remarks                             |
|   | <input type="checkbox"/> Demotion                       |  | Give facts under Remarks                             |
|   | <input type="checkbox"/> Suspension                     |  | Give facts under Remarks                             |
|   | <input type="checkbox"/> Reinstatement                  |  | Give facts under Remarks                             |
|   | <input type="checkbox"/> Change in Classification       |  | Give facts under Remarks                             |
|   | <input type="checkbox"/> New Position                   |  | Submit form MSD-222                                  |
|   | <input type="checkbox"/> Change in Salary               |  | Indicate new salary                                  |
|   | <input type="checkbox"/> Change in Name                 |  | Give facts under Remarks                             |
| <input type="checkbox"/> Other  |   | Give facts under Remarks   |  |
| <b>Remarks:</b> (Continue on back if necessary)   |   |  |  |
| <b>New Contract salary changes eff. 4/1/18<br/>pp. 6/8/18</b>   |   |  |  |
| Appointing Officer<br>Title _____<br>Address _____  |   |  |  |
| <br><b>Chief of Police</b>  |   |  |  |
| <b>Permanent Investigator rank eff. 6/9/2016</b>  |   |  |  |
| <b>CERTIFICATE</b><br>valid until _____<br><br>_____<br>(Date)  |   | This certifies that the above<br>employment is in accordance with<br>Law and Rules made in pursuance<br>to law. Subject to any limitation or<br>condition specified above. |  |
|   |   | By _____<br><br>_____<br>Date _____  |  |

**COPY**

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|---|---|---|--------------------------------|
| Report all personnel changes to this form<br>Send ONE COPY prior to payroll affected by this change<br><b>SUPPLEMENTARY PAYROLL CERTIFICATION AND REPORT OF PERSONNEL CHANGE</b>  |   | <b>DATE</b><br><b>MONTH 06 DAY 27 YEAR 2016</b>   |                                |
| <b>TO:</b><br><b>Utica Civil Service Commission</b><br><b>FROM:</b> (Check only one)<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village or District |   | <b>NAME OF EMPLOYEE:</b><br><b>Ruddy, Shawn A</b><br><b>ADDRESS:</b><br><span style="background-color: black; color: black;">REDACTED</span>  |                                |
| <b>DEPARTMENT:</b><br><b>Police Department</b>  |   | <b>TITLE OF POSITION:</b><br><b>Investigator</b><br><b>SALARY:</b><br><b>\$ 69,588</b>  |                                |
| <b>NAME AND TITLE OF LAST EMPLOYEE IN POSITION:</b>   |   | <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran<br><input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Fireman  |                                |
|   |   | <b>DATE OF BIRTH:</b><br><span style="font-size: small;">(REDACTED)</span>  |                                |
|   |   | <b>SOCIAL SECURITY NUMBER:</b><br><b>ID# 7263</b>   |                                |
| <u><b>Check Nature of Personnel Change</b></u>  |   | <u><b>Date Effective</b></u>  |                                |
| <b>A<br/>P<br/>P<br/>O<br/>I<br/>N<br/>T<br/>M<br/>E<br/>N<br/>T<br/>S</b>  | <input type="checkbox"/> Permanent                      |   | Return report of Certification |
|   | <input type="checkbox"/> Provisional                    |   | Attach application (MSD-330)   |
|   | <input type="checkbox"/> Temporary                      | From: _____ To: _____   | State length of employment     |
|   | <input type="checkbox"/> Substitute                     | From: _____ To: _____   | Give facts under Remarks       |
|   | <input type="checkbox"/> For Term of Office             | From: _____ To: _____   | Give facts under Remarks       |
|   | <input checked="" type="checkbox"/> Permanent Promotion | 06/09/2016  | Return report of Certification |
|   | <input type="checkbox"/> Provisional Promotion          |   | Attach nomination              |
|   | <input type="checkbox"/> Non-Competitive Class          |   | Attach application (MSD-330)   |
|   | <input type="checkbox"/> Exempt Class                   |   | Submit this form only          |
| <input type="checkbox"/> Labor Class  |   | Attach application (MSD-330)  |                                |
| <b>T<br/>E<br/>R<br/>T<br/>M<br/>I<br/>O<br/>N<br/>N<br/>A<br/>S</b>  | <input type="checkbox"/> Resignation                    |   | Submit signed resignation      |
|   | <input type="checkbox"/> Retirement                     |   | Give effective date            |
|   | <input type="checkbox"/> Deceased                       |   | Indicate date                  |
|   | <input type="checkbox"/> Removal                        |   | Attach copy of proceedings     |
|   | <input type="checkbox"/> Layoff (Lack of Work or Funds) |   | Give facts under Remarks       |
| <b>O<br/>T<br/>H<br/>E<br/>R<br/><br/>C<br/>H<br/>A<br/>N<br/>G<br/>E<br/>S</b>   | <input type="checkbox"/> Military Leave of Absence      |   | Give facts under Remarks       |
|   | <input type="checkbox"/> Other Leave of Absence         | From: _____ To: _____   | Give facts under Remarks       |
|   | <input type="checkbox"/> Transfer                       |   | Give facts under Remarks       |
|   | <input type="checkbox"/> Demotion                       |   | Give facts under Remarks       |
|   | <input type="checkbox"/> Suspension                     |   | Give facts under Remarks       |
|   | <input type="checkbox"/> Reinstatement                  |   | Give facts under Remarks       |
|   | <input type="checkbox"/> Change in Classification       |   | Give facts under Remarks       |
|   | <input type="checkbox"/> New Position                   |   | Submit form MSD-222            |
|   | <input type="checkbox"/> Change in Salary               |   | Indicate new salary            |
|   | <input type="checkbox"/> Change in Name                 |   | Give facts under Remarks       |
| <input type="checkbox"/> Other  |   | Give facts under Remarks  |                                |
| <b>Remarks:</b> (Continue on back if necessary)   |   |   |                                |
| <b>Permanent Investigator rank eff. 6/9/2016.</b>   |   |   |                                |
| <b>1% Contract increase effective 10/1/15</b><br><b>Updated 9/30/15:Temporary Investigator rank, 4% pay increase effective 7/06/15.</b>   |   |   |                                |
| <b>CERTIFICATE</b><br>valid until<br><span style="border-bottom: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span><br>(Date) _____   |   | <b>Appointing Officer</b><br><b>Title</b><br><b>Address</b><br><span style="border-bottom: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span><br><b>By</b><br><span style="border-bottom: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span><br><b>Date</b><br><span style="border-bottom: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> |                                |
|  <b>Chief of Police</b><br><span style="border-bottom: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>                    |   |   |                                |

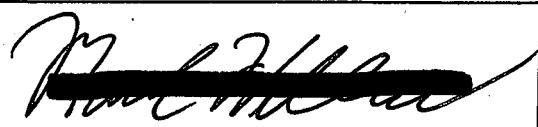
COPY

| Report all personnel changes to this form<br>Send ONE COPY prior to payroll affected by this change<br><b>SUPPLEMENTARY PAYROLL CERTIFICATION AND REPORT OF PERSONNEL CHANGE</b>  |   | <b>DATE</b><br><b>MONTH 09 DAY 23 YEAR 2015</b>  |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|---|---|--|--|--|-----------------------|--|--|------------------------------------|--|--------------------------------|--------------------------------------|--|------------------------------|------------------------------------|-----------------------|----------------------------|-------------------------------------|-----------------------|--------------------------|---|-----------------------|--------------------------|--|--|--------------------------------|--|--|-------------------|--|--|------------------------------|---------------------------------------|--|-----------------------|--------------------------------------|--|------------------------------|--|--------------------------------------|--|---------------------------|-------------------------------------|--|---------------------|-----------------------------------|--|---------------|----------------------------------|--|----------------------------|---|--|--------------------------|---|--|--|--------------------------|---|-----------------------|--------------------------|-----------------------------------|--|--------------------------|-----------------------------------|--|--------------------------|-------------------------------------|--|--------------------------|--|--|--------------------------|---|--|--------------------------|---------------------------------------|--|---------------------|--|---------|---------------------|---|--|--------------------------|--------------------------------|--|--------------------------|
| <b>TO:</b><br><b>Utica Civil Service Commission</b><br><b>FROM:</b> (Check only one)<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village or District   |   | <b>NAME OF EMPLOYEE:</b><br><b>Ruddy, Shawn A</b><br><b>ADDRESS:</b><br><span style="background-color: black; color: black;">[REDACTED]</span>     |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
| <b>DEPARTMENT:</b><br><b>Police Department</b><br><b>NAME AND TITLE OF LAST EMPLOYEE IN POSITION:</b>   |   | <b>TITLE OF POSITION:</b><br><b>Investigator</b><br><b>SALARY:</b><br><b>\$ 69,588</b>   |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   |   | <b>Veteran</b> <input type="checkbox"/> Non-Veteran<br><input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Fireman |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   |   | <b>DATE OF BIRTH:</b><br><span style="background-color: black; color: black;">[REDACTED]</span>  |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   |   | <b>SOCIAL SECURITY NUMBER:</b><br><b>ID# 7263</b>  |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
| <table border="1"> <thead> <tr> <th colspan="2"><i>Check Nature of Personnel Change</i></th> <th><i>Date Effective</i></th> <th><i>Action Necessary by Appointing Officer:</i></th> </tr> </thead> <tbody> <tr> <td rowspan="10" style="vertical-align: top;"> <b>A<br/>P<br/>P<br/>O<br/>I<br/>N<br/>T<br/>M<br/>E<br/>N<br/>T<br/>S</b> </td> <td><input type="checkbox"/> Permanent</td> <td></td> <td>Return report of Certification</td> </tr> <tr> <td><input type="checkbox"/> Provisional</td> <td></td> <td>Attach application (MSD-330)</td> </tr> <tr> <td><input type="checkbox"/> Temporary</td> <td>From: _____ To: _____</td> <td>State length of employment</td> </tr> <tr> <td><input type="checkbox"/> Substitute</td> <td>From: _____ To: _____</td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> For Term of Office</td> <td>From: _____ To: _____</td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Permanent Promotion</td> <td></td> <td>Return report of Certification</td> </tr> <tr> <td><input type="checkbox"/> Provisional Promotion</td> <td></td> <td>Attach nomination</td> </tr> <tr> <td><input type="checkbox"/> Non-Competitive Class</td> <td></td> <td>Attach application (MSD-330)</td> </tr> <tr> <td><input type="checkbox"/> Exempt Class</td> <td></td> <td>Submit this form only</td> </tr> <tr> <td><input type="checkbox"/> Labor Class</td> <td></td> <td>Attach application (MSD-330)</td> </tr> <tr> <td rowspan="5" style="vertical-align: top;"> <b>T<br/>E<br/>R<br/>T<br/>M<br/>I<br/>O<br/>N<br/>N<br/>A<br/>S</b> </td> <td><input type="checkbox"/> Resignation</td> <td></td> <td>Submit signed resignation</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td></td> <td>Give effective date</td> </tr> <tr> <td><input type="checkbox"/> Deceased</td> <td></td> <td>Indicate date</td> </tr> <tr> <td><input type="checkbox"/> Removal</td> <td></td> <td>Attach copy of proceedings</td> </tr> <tr> <td><input type="checkbox"/> Layoff (Lack of Work or Funds)</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td rowspan="10" style="vertical-align: top;"> <b>O<br/>T<br/>H<br/>E<br/>R<br/><br/>C<br/>H<br/>A<br/>N<br/>G<br/>E<br/>S</b> </td> <td><input type="checkbox"/> Military Leave of Absence</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Other Leave of Absence</td> <td>From: _____ To: _____</td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Transfer</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Demotion</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Suspension</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Reinstatement</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Change in Classification</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> New Position</td> <td></td> <td>Submit form MSD-222</td> </tr> <tr> <td><input checked="" type="checkbox"/> Change in Salary</td> <td>10/1/15</td> <td>Indicate new salary</td> </tr> <tr> <td><input type="checkbox"/> Change in Name</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td>Give facts under Remarks</td> </tr> </tbody> </table> |   |  | <i>Check Nature of Personnel Change</i>        |  | <i>Date Effective</i> | <i>Action Necessary by Appointing Officer:</i> | <b>A<br/>P<br/>P<br/>O<br/>I<br/>N<br/>T<br/>M<br/>E<br/>N<br/>T<br/>S</b> | <input type="checkbox"/> Permanent |  | Return report of Certification | <input type="checkbox"/> Provisional |  | Attach application (MSD-330) | <input type="checkbox"/> Temporary | From: _____ To: _____ | State length of employment | <input type="checkbox"/> Substitute | From: _____ To: _____ | Give facts under Remarks | <input type="checkbox"/> For Term of Office | From: _____ To: _____ | Give facts under Remarks | <input type="checkbox"/> Permanent Promotion |  | Return report of Certification | <input type="checkbox"/> Provisional Promotion |  | Attach nomination | <input type="checkbox"/> Non-Competitive Class |  | Attach application (MSD-330) | <input type="checkbox"/> Exempt Class |  | Submit this form only | <input type="checkbox"/> Labor Class |  | Attach application (MSD-330) | <b>T<br/>E<br/>R<br/>T<br/>M<br/>I<br/>O<br/>N<br/>N<br/>A<br/>S</b> | <input type="checkbox"/> Resignation |  | Submit signed resignation | <input type="checkbox"/> Retirement |  | Give effective date | <input type="checkbox"/> Deceased |  | Indicate date | <input type="checkbox"/> Removal |  | Attach copy of proceedings | <input type="checkbox"/> Layoff (Lack of Work or Funds) |  | Give facts under Remarks | <b>O<br/>T<br/>H<br/>E<br/>R<br/><br/>C<br/>H<br/>A<br/>N<br/>G<br/>E<br/>S</b> | <input type="checkbox"/> Military Leave of Absence |  | Give facts under Remarks | <input type="checkbox"/> Other Leave of Absence | From: _____ To: _____ | Give facts under Remarks | <input type="checkbox"/> Transfer |  | Give facts under Remarks | <input type="checkbox"/> Demotion |  | Give facts under Remarks | <input type="checkbox"/> Suspension |  | Give facts under Remarks | <input type="checkbox"/> Reinstatement |  | Give facts under Remarks | <input type="checkbox"/> Change in Classification |  | Give facts under Remarks | <input type="checkbox"/> New Position |  | Submit form MSD-222 | <input checked="" type="checkbox"/> Change in Salary | 10/1/15 | Indicate new salary | <input type="checkbox"/> Change in Name |  | Give facts under Remarks | <input type="checkbox"/> Other |  | Give facts under Remarks |
| <i>Check Nature of Personnel Change</i>   |   | <i>Date Effective</i>  | <i>Action Necessary by Appointing Officer:</i> |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
| <b>A<br/>P<br/>P<br/>O<br/>I<br/>N<br/>T<br/>M<br/>E<br/>N<br/>T<br/>S</b>  | <input type="checkbox"/> Permanent                      |  | Return report of Certification                 |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Provisional                    |  | Attach application (MSD-330)                   |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Temporary                      | From: _____ To: _____  | State length of employment                     |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Substitute                     | From: _____ To: _____  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> For Term of Office             | From: _____ To: _____  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Permanent Promotion            |  | Return report of Certification                 |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Provisional Promotion          |  | Attach nomination                              |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Non-Competitive Class          |  | Attach application (MSD-330)                   |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Exempt Class                   |  | Submit this form only                          |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Labor Class                    |  | Attach application (MSD-330)                   |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
| <b>T<br/>E<br/>R<br/>T<br/>M<br/>I<br/>O<br/>N<br/>N<br/>A<br/>S</b>  | <input type="checkbox"/> Resignation                    |  | Submit signed resignation                      |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Retirement                     |  | Give effective date                            |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Deceased                       |  | Indicate date                                  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Removal                        |  | Attach copy of proceedings                     |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Layoff (Lack of Work or Funds) |  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
| <b>O<br/>T<br/>H<br/>E<br/>R<br/><br/>C<br/>H<br/>A<br/>N<br/>G<br/>E<br/>S</b>   | <input type="checkbox"/> Military Leave of Absence      |  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Other Leave of Absence         | From: _____ To: _____  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Transfer                       |  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Demotion                       |  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Suspension                     |  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Reinstatement                  |  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Change in Classification       |  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> New Position                   |  | Submit form MSD-222                            |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input checked="" type="checkbox"/> Change in Salary    | 10/1/15  | Indicate new salary                            |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Change in Name                 |  | Give facts under Remarks                       |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Other  |   | Give facts under Remarks   |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
| <b>Remarks:</b> (Continue on back if necessary)   |   |  |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
| <b>1% Contract increase effective 10/1/15</b>   |   |  |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
| <b>Updated 9/30/15: Temporary Investigator rank, 4% pay increase effective 7/06/15.</b>   |   |  |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
| Appointing Officer<br>Title _____<br>Address _____  |   |  |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
|   |   |  |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
| <b>CERTIFICATE</b><br>valid until _____<br><br>(Date) _____   |   |  |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
| This certifies that the above<br>employment is in accordance with<br>Law and Rules made in pursuance<br>to law. Subject to any limitation or<br>condition specified above.  |   |  |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |
| By _____<br><br>Date _____  |   |  |  |  |                       |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |                                      |  |                              |  |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |   |  |                          |   |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |         |                     |   |  |                          |                                |  |                          |

Report all personnel changes to this form  
Send ONE COPY prior to payroll affected by this change  
SUPPLEMENTARY PAYROLL CERTIFICATION AND  
REPORT OF PERSONNEL CHANGE

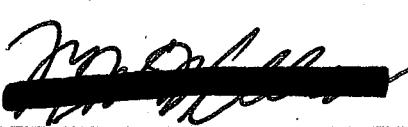
DATE  
MONTH 07 DAY 06 YEAR 2015

|   |   |  |
|---|---|--|
| TO:<br><b>Utica Civil Service Commission</b>  |   | NAME OF EMPLOYEE:<br><b>Ruddy, Shawn A</b>   |
| FROM: (Check only one)<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village or District |   | ADDRESS: [REDACTED]  |
| DEPARTMENT:<br><b>Police Department</b>   |   | TITLE OF POSITION:<br><b>Investigator</b>  |
| NAME AND TITLE OF LAST EMPLOYEE IN POSITION:  |   | SALARY:<br><b>\$ 68,899</b>  |
|   |   | <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran<br><input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Fireman |
|   |   | DATE OF BIRTH:   |
|   |   | SOCIAL SECURITY NUMBER:<br><b>ID# 7263</b>   |
| <i>Check Nature of Personnel Change</i>   |   | <i>Date Effective</i>  |
| A<br>P<br>P<br>O<br>I<br>N<br>T<br>M<br>E<br>N<br>T<br>S  | <input type="checkbox"/> Permanent  |  |
|   | <input type="checkbox"/> Provisional  |  |
|   | <input type="checkbox"/> Temporary  | From: _____ To: _____  |
|   | <input type="checkbox"/> Substitute   | From: _____ To: _____  |
|   | <input type="checkbox"/> For Term of Office   | From: _____ To: _____  |
|   | <input type="checkbox"/> Permanent Promotion  |  |
|   | <input type="checkbox"/> Provisional Promotion  |  |
|   | <input type="checkbox"/> Non-Competitive Class  |  |
|   | <input type="checkbox"/> Exempt Class   |  |
|   | <input type="checkbox"/> Labor Class  |  |
| T<br>E<br>R<br>T<br>M<br>I<br>O<br>N<br>N<br>A<br>S   | <input type="checkbox"/> Resignation  |  |
|   | <input type="checkbox"/> Retirement   |  |
|   | <input type="checkbox"/> Deceased   |  |
|   | <input type="checkbox"/> Removal  |  |
|   | <input type="checkbox"/> Layoff (Lack of Work or Funds)   |  |
| O<br>T<br>H<br>E<br>R<br>C<br>H<br>A<br>N<br>G<br>E<br>S  | <input type="checkbox"/> Military Leave of Absence  |  |
|   | <input type="checkbox"/> Other Leave of Absence   | From: _____ To: _____  |
|   | <input type="checkbox"/> Transfer   |  |
|   | <input type="checkbox"/> Demotion   |  |
|   | <input type="checkbox"/> Suspension   |  |
|   | <input type="checkbox"/> Reinstatement  |  |
|   | <input type="checkbox"/> Change in Classification   |  |
|   | <input type="checkbox"/> New Position   |  |
|   | <input checked="" type="checkbox"/> Change in Salary  | 7/6/15   |
|   | <input type="checkbox"/> Change in Name   |  |
| Remarks: (Continue on back if necessary)  |   |  |
| Investigator rank eff. 7/6/15.  |   |  |
| 2% Contract Increase effective 4/1/15<br>Longevity increase eff. 10/1/14  |   |  |
| <p>Appointing Officer<br/>Title _____<br/>Address _____</p> <p><i>[Signature]</i></p> <p>Chief of Police</p>  |   |  |
| CERTIFICATE<br>valid until<br><br>(Date) _____  | <p>This certifies that the above<br/>employment is in accordance with<br/>Law and Rules made in pursuance<br/>to law. Subject to any limitation or<br/>condition specified above.</p> <p>By _____</p> <p>Date _____</p> |  |

|   |   |  |                                 |
|---|---|--|---------------------------------|
| Report all personnel changes to this form<br>Send ONE COPY prior to payroll affected by this change<br><b>SUPPLEMENTARY PAYROLL CERTIFICATION AND<br/>REPORT OF PERSONNEL CHANGE</b>  |   | DATE<br><br>MONTH 09 DAY 23 YEAR 2015  |                                 |
| <b>TO:</b><br><b>Utica Civil Service Commission</b><br><b>FROM:</b> (Check only one)<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village or District |   | <b>NAME OF EMPLOYEE:</b><br><b>Ruddy, Shawn A</b><br><b>ADDRESS:</b> [REDACTED]  |                                 |
| <b>DEPARTMENT:</b><br><b>Police Department</b>  |   | <b>TITLE OF POSITION:</b><br><b>Investigator</b><br><b>SALARY:</b><br><b>\$ 69,588</b>   |                                 |
| <b>NAME AND TITLE OF LAST EMPLOYEE IN POSITION:</b>   |   | <b>DATE OF BIRTH:</b><br><b>SOCIAL SECURITY NUMBER:</b><br><b>ID# 7263</b>   |                                 |
| <u><b>Check Nature of Personnel Change</b></u>  |   | <u><b>Date Effective</b></u>   |                                 |
| <b>A<br/>P<br/>P<br/>O<br/>I<br/>N<br/>T<br/>M<br/>E<br/>N<br/>T<br/>S</b>  | <input type="checkbox"/> Permanent                      |  | Return report of Certification  |
|   | <input type="checkbox"/> Provisional                    |  | Attach application (MSD-330)    |
|   | <input type="checkbox"/> Temporary                      | From: _____ To: _____  | State length of employment      |
|   | <input type="checkbox"/> Substitute                     | From: _____ To: _____  | Give facts under Remarks        |
|   | <input type="checkbox"/> For Term of Office             | From: _____ To: _____  | Give facts under Remarks        |
|   | <input type="checkbox"/> Permanent Promotion            |  | Return report of Certification  |
|   | <input type="checkbox"/> Provisional Promotion          |  | Attach nomination               |
|   | <input type="checkbox"/> Non-Competitive Class          |  | Attach application (MSD-330)    |
|   | <input type="checkbox"/> Exempt Class                   |  | Submit this form only           |
|   | <input type="checkbox"/> Labor Class                    |  | Attach application (MSD-330)    |
| <b>T<br/>E<br/>R<br/>T<br/>M<br/>I<br/>O<br/>N<br/>N<br/>A<br/>S</b>  | <input type="checkbox"/> Resignation                    |  | Submit signed resignation       |
|   | <input type="checkbox"/> Retirement                     |  | Give effective date             |
|   | <input type="checkbox"/> Deceased                       |  | Indicate date                   |
|   | <input type="checkbox"/> Removal                        |  | Attach copy of proceedings      |
|   | <input type="checkbox"/> Layoff (Lack of Work or Funds) |  | Give facts under Remarks        |
| <b>O<br/>T<br/>H<br/>E<br/>R<br/>C<br/>H<br/>A<br/>N<br/>G<br/>E<br/>S</b>  | <input type="checkbox"/> Military Leave of Absence      |  | Give facts under Remarks        |
|   | <input type="checkbox"/> Other Leave of Absence         | From: _____ To: _____  | Give facts under Remarks        |
|   | <input type="checkbox"/> Transfer                       |  | Give facts under Remarks        |
|   | <input type="checkbox"/> Demotion                       |  | Give facts under Remarks        |
|   | <input type="checkbox"/> Suspension                     |  | Give facts under Remarks        |
|   | <input type="checkbox"/> Reinstatement                  |  | Give facts under Remarks        |
|   | <input type="checkbox"/> Change in Classification       |  | Give facts under Remarks        |
|   | <input type="checkbox"/> New Position                   |  | Submit form MSD-222             |
|   | <input checked="" type="checkbox"/> Change in Salary    | 10/1/15  | Indicate new salary             |
|   | <input type="checkbox"/> Change in Name                 |  | Give facts under Remarks        |
| <input type="checkbox"/> Other  |   | Give facts under Remarks   |                                 |
| <b>Remarks:</b> (Continue on back if necessary)   |   |  |                                 |
| <b>1% Contract increase effective 10/1/15</b>   |   |  |                                 |
| <b>Investigator rank eff. 7/6/15.</b>   |   |  |                                 |
|   |   | <b>Appointing Officer</b><br><b>Title</b><br><b>Address</b><br>                        | <b>Chief of Police</b><br><hr/> |
| <b>CERTIFICATE</b><br>valid until _____<br><br>(Date) _____   |   | This certifies that the above<br>employment is in accordance with<br>Law and Rules made in pursuance<br>to law. Subject to any limitation or<br>condition specified above. |                                 |
|   |   | By _____<br><br>Date _____   |                                 |

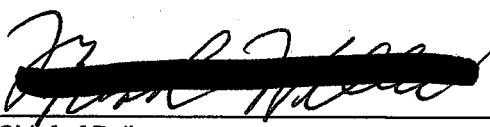
**COPY**

| Report all personnel changes to this form<br>Send ONE COPY prior to payroll affected by this change<br>SUPPLEMENTARY PAYROLL CERTIFICATION AND<br>REPORT OF PERSONNEL CHANGE |   |   |   | DATE<br>MONTH 07 DAY 06 YEAR 2015          |
|--|---|---|---|--|
| TO:<br><b>Utica Civil Service Commission</b>   |   | NAME OF EMPLOYEE:<br><b>Ruddy, Shawn A</b>  |   |  |
| FROM: (Check only one)   |   | ADDRESS: [REDACTED]   |   |  |
| <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village or District                          |   | TITLE OF POSITION:<br><b>Investigator</b>   |   | SALARY:<br><b>\$ 68,899</b>                |
| DEPARTMENT:<br><b>Police Department</b>  |   |   |   |  |
| NAME AND TITLE OF LAST EMPLOYEE IN POSITION:   |   | <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran<br><input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Fireman  |   |  |
|  |   | DATE OF BIRTH:  |   | SOCIAL SECURITY NUMBER:<br><b>ID# 7263</b> |
| Check Nature of Personnel Change   |   | Date Effective  | Action Necessary by Appointing Officer: |  |
| A<br>P<br>P<br>O<br>I<br>N<br>T<br>M<br>E<br>N<br>T<br>S   | <input type="checkbox"/> Permanent                      |   | Return report of Certification          |  |
|  | <input type="checkbox"/> Provisional                    |   | Attach application (MSD-330)            |  |
|  | <input type="checkbox"/> Temporary                      | From: _____ To: _____   | State length of employment              |  |
|  | <input type="checkbox"/> Substitute                     | From: _____ To: _____   | Give facts under Remarks                |  |
|  | <input type="checkbox"/> For Term of Office             | From: _____ To: _____   | Give facts under Remarks                |  |
|  | <input type="checkbox"/> Permanent Promotion            |   | Return report of Certification          |  |
|  | <input type="checkbox"/> Provisional Promotion          |   | Attach nomination                       |  |
|  | <input type="checkbox"/> Non-Competitive Class          |   | Attach application (MSD-330)            |  |
|  | <input type="checkbox"/> Exempt Class                   |   | Submit this form only                   |  |
|  | <input type="checkbox"/> Labor Class                    |   | Attach application (MSD-330)            |  |
| T<br>E<br>R<br>M<br>I<br>O<br>N<br>N<br>A<br>S   | <input type="checkbox"/> Resignation                    |   | Submit signed resignation               |  |
|  | <input type="checkbox"/> Retirement                     |   | Give effective date                     |  |
|  | <input type="checkbox"/> Deceased                       |   | Indicate date                           |  |
|  | <input type="checkbox"/> Removal                        |   | Attach copy of proceedings              |  |
|  | <input type="checkbox"/> Layoff (Lack of Work or Funds) |   | Give facts under Remarks                |  |
| O<br>T<br>H<br>E<br>R<br>C<br>H<br>A<br>N<br>G<br>E<br>S   | <input type="checkbox"/> Military Leave of Absence      |   | Give facts under Remarks                |  |
|  | <input type="checkbox"/> Other Leave of Absence         | From: _____ To: _____   | Give facts under Remarks                |  |
|  | <input type="checkbox"/> Transfer                       |   | Give facts under Remarks                |  |
|  | <input type="checkbox"/> Demotion                       |   | Give facts under Remarks                |  |
|  | <input type="checkbox"/> Suspension                     |   | Give facts under Remarks                |  |
|  | <input type="checkbox"/> Reinstatement                  |   | Give facts under Remarks                |  |
|  | <input type="checkbox"/> Change in Classification       |   | Give facts under Remarks                |  |
|  | <input type="checkbox"/> New Position                   |   | Submit form MSD-222                     |  |
|  | <input checked="" type="checkbox"/> Change in Salary    | 7/6/15  | Indicate new salary                     |  |
|  | <input type="checkbox"/> Change in Name                 |   | Give facts under Remarks                |  |
| <input type="checkbox"/> Other   |   | Give facts under Remarks  |   |  |
| Remarks: (Continue on back if necessary)   |   |   |   |  |
| Investigator rank eff. 7/6/15.   |   |   |   |  |
| 2% Contract Increase effective 4/1/15  |   |   |   |  |
| Longevity increase eff. 10/1/14  |   |   |   |  |
| CERTIFICATE<br>valid until<br><br>(Date)   |   | <p>Appointing Officer<br/>Title _____<br/>Address _____</p> <p>Chief of Police _____</p> <p>This certifies that the above<br/>employment is in accordance with<br/>Law and Rules made in pursuance<br/>to law. Subject to any limitation or<br/>condition specified above.</p> <p>By _____<br/>Date _____</p> |   |  |

|   |   |  |                                |
|---|---|--|--------------------------------|
| Report all personnel changes to this form<br>Send ONE COPY prior to payroll affected by this change<br><b>SUPPLEMENTARY PAYROLL CERTIFICATION AND REPORT OF PERSONNEL CHANGE</b>  |   | DATE<br><br>MONTH 04 DAY 1 YEAR 2015   |                                |
| <b>TO:</b><br><b>Utica Civil Service Commission</b><br><b>FROM:</b> (Check only one)<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village or District |   | <b>NAME OF EMPLOYEE:</b><br><b>Ruddy, Shawn A</b><br><b>ADDRESS:</b> [REDACTED]  |                                |
| <b>DEPARTMENT:</b><br><b>Police Department</b>  |   | <b>TITLE OF POSITION:</b><br><b>Police Officer</b><br><b>SALARY:</b><br><b>\$ 66,249</b>   |                                |
| <b>NAME AND TITLE OF LAST EMPLOYEE IN POSITION:</b>   |   | <b>VETERAN STATUS:</b><br><input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran<br><input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Fireman |                                |
|   |   | <b>DATE OF BIRTH:</b><br><b>SOCIAL SECURITY NUMBER:</b><br><b>ID# 7263</b>   |                                |
| <u><i>Check Nature of Personnel Change</i></u>  |   | <u><i>Date Effective</i></u>   |                                |
| <b>A<br/>P<br/>P<br/>O<br/>I<br/>N<br/>T<br/>M<br/>E<br/>N<br/>T<br/>S</b>  | <input type="checkbox"/> Permanent                      |  | Return report of Certification |
|   | <input type="checkbox"/> Provisional                    |  | Attach application (MSD-330)   |
|   | <input type="checkbox"/> Temporary                      | From: _____ To: _____  | State length of employment     |
|   | <input type="checkbox"/> Substitute                     | From: _____ To: _____  | Give facts under Remarks       |
|   | <input type="checkbox"/> For Term of Office             | From: _____ To: _____  | Give facts under Remarks       |
|   | <input type="checkbox"/> Permanent Promotion            |  | Return report of Certification |
|   | <input type="checkbox"/> Provisional Promotion          |  | Attach nomination              |
|   | <input type="checkbox"/> Non-Competitive Class          |  | Attach application (MSD-330)   |
|   | <input type="checkbox"/> Exempt Class                   |  | Submit this form only          |
|   | <input type="checkbox"/> Labor Class                    |  | Attach application (MSD-330)   |
| <b>T<br/>E<br/>R<br/>T<br/>M<br/>I<br/>O<br/>N<br/>N<br/>A<br/>S</b>  | <input type="checkbox"/> Resignation                    |  | Submit signed resignation      |
|   | <input type="checkbox"/> Retirement                     |  | Give effective date            |
|   | <input type="checkbox"/> Deceased                       |  | Indicate date                  |
|   | <input type="checkbox"/> Removal                        |  | Attach copy of proceedings     |
|   | <input type="checkbox"/> Layoff (Lack of Work or Funds) |  | Give facts under Remarks       |
|   | <input type="checkbox"/> Military Leave of Absence      |  | Give facts under Remarks       |
| <b>O<br/>T<br/>H<br/>E<br/>R<br/>C<br/>H<br/>A<br/>N<br/>G<br/>E<br/>S</b>  | <input type="checkbox"/> Other Leave of Absence         | From: _____ To: _____  | Give facts under Remarks       |
|   | <input type="checkbox"/> Transfer                       |  | Give facts under Remarks       |
|   | <input type="checkbox"/> Demotion                       |  | Give facts under Remarks       |
|   | <input type="checkbox"/> Suspension                     |  | Give facts under Remarks       |
|   | <input type="checkbox"/> Reinstatement                  |  | Give facts under Remarks       |
|   | <input type="checkbox"/> Change in Classification       |  | Give facts under Remarks       |
|   | <input type="checkbox"/> New Position                   |  | Submit form MSD-222            |
|   | <input checked="" type="checkbox"/> Change in Salary    | 4/1/15   | Indicate new salary            |
|   | <input type="checkbox"/> Change in Name                 |  | Give facts under Remarks       |
|   | <input type="checkbox"/> Other                          |  | Give facts under Remarks       |
| Remarks: (Continue on back if necessary)  |   |  |                                |
| <b>2% Contract Increase effective 4/1/15</b>  |   |  |                                |
| <b>Longevity increase eff. 10/1/14</b>  |   |  |                                |
| <b>CERTIFICATE</b><br>valid until _____<br>(Date) _____   |   | Appointing Officer<br>Title _____<br>Address _____<br><br><b>Chief of Police</b><br>_____<br>_____         |                                |
| This certifies that the above<br>employment is in accordance with<br>Law and Rules made in pursuance<br>to law. Subject to any limitation or<br>condition specified above.  |   | By _____<br>Date _____   |                                |

|   |   |  |                                |
|---|---|--|--------------------------------|
| Report all personnel changes to this form<br>Send ONE COPY prior to payroll affected by this change<br><b>SUPPLEMENTARY PAYROLL CERTIFICATION AND REPORT OF PERSONNEL CHANGE</b>  |   | DATE<br><br>MONTH 10 DAY 1 YEAR 2014   |                                |
| TO:<br><b>Utica Civil Service Commission</b><br>FROM: (Check only one)<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village or District |   | NAME OF EMPLOYEE:<br><b>Ruddy, Shawn A</b><br>ADDRESS: [REDACTED]  |                                |
| DEPARTMENT:<br><b>Police Department</b><br>NAME AND TITLE OF LAST EMPLOYEE IN POSITION:   |   | TITLE OF POSITION:<br><b>Police Officer</b><br>SALARY:<br><b>\$ 64,950</b>   |                                |
|   |   | DATE OF BIRTH:<br><b>[REDACTED]</b>  |                                |
|   |   | SOCIAL SECURITY NUMBER:<br><b>ID# 7263</b>   |                                |
| <u>Check Nature of Personnel Change</u>   |   | <u>Date Effective</u>  |                                |
| <b>A<br/>P<br/>P<br/>O<br/>I<br/>N<br/>T<br/>M<br/>E<br/>N<br/>T<br/>S</b>  | <input type="checkbox"/> Permanent                      |  | Return report of Certification |
|   | <input type="checkbox"/> Provisional                    |  | Attach application (MSD-330)   |
|   | <input type="checkbox"/> Temporary                      | From: _____ To: _____  | State length of employment     |
|   | <input type="checkbox"/> Substitute                     | From: _____ To: _____  | Give facts under Remarks       |
|   | <input type="checkbox"/> For Term of Office             | From: _____ To: _____  | Give facts under Remarks       |
|   | <input type="checkbox"/> Permanent Promotion            |  | Return report of Certification |
|   | <input type="checkbox"/> Provisional Promotion          |  | Attach nomination              |
|   | <input type="checkbox"/> Non-Competitive Class          |  | Attach application (MSD-330)   |
|   | <input type="checkbox"/> Exempt Class                   |  | Submit this form only          |
|   | <input type="checkbox"/> Labor Class                    |  | Attach application (MSD-330)   |
| <b>T<br/>E<br/>R<br/>T<br/>M<br/>I<br/>O<br/>N<br/>N<br/>A<br/>S</b>  | <input type="checkbox"/> Resignation                    |  | Submit signed resignation      |
|   | <input type="checkbox"/> Retirement                     |  | Give effective date            |
|   | <input type="checkbox"/> Deceased                       |  | Indicate date                  |
|   | <input type="checkbox"/> Removal                        |  | Attach copy of proceedings     |
|   | <input type="checkbox"/> Layoff (Lack of Work or Funds) |  | Give facts under Remarks       |
| <b>O<br/>T<br/>H<br/>E<br/>R<br/>C<br/>H<br/>A<br/>N<br/>G<br/>E<br/>S</b>  | <input type="checkbox"/> Military Leave of Absence      |  | Give facts under Remarks       |
|   | <input type="checkbox"/> Other Leave of Absence         | From: _____ To: _____  | Give facts under Remarks       |
|   | <input type="checkbox"/> Transfer                       |  | Give facts under Remarks       |
|   | <input type="checkbox"/> Demotion                       |  | Give facts under Remarks       |
|   | <input type="checkbox"/> Suspension                     |  | Give facts under Remarks       |
|   | <input type="checkbox"/> Reinstatement                  |  | Give facts under Remarks       |
|   | <input type="checkbox"/> Change in Classification       |  | Give facts under Remarks       |
|   | <input type="checkbox"/> New Position                   |  | Submit form MSD-222            |
|   | <input checked="" type="checkbox"/> Change in Salary    | <b>10/1/14</b>   | Indicate new salary            |
|   | <input type="checkbox"/> Change in Name                 |  | Give facts under Remarks       |
| <input type="checkbox"/> Other  |   | Give facts under Remarks   |                                |
| Remarks: (Continue on back if necessary)  |   |  |                                |
| Longevity increase eff. 10/1/14   |   |  |                                |
| Appointing Officer<br><b>[REDACTED]</b><br>Title<br><b>Chief of Police</b><br>Address<br><b>[REDACTED]</b>  |   |  |                                |
| CERTIFICATE<br>valid until<br><hr/> (Date)  |   | This certifies that the above<br>employment is in accordance with<br>Law and Rules made in pursuance<br>to law. Subject to any limitation or<br>condition specified above. |                                |
|   |   | By _____<br><hr/> Date _____   |                                |

COPY

|   |   |  |   |
|---|---|--|---|
| Report all personnel changes to this form<br>Send ONE COPY prior to payroll affected by this change<br><b>SUPPLEMENTARY PAYROLL CERTIFICATION AND REPORT OF PERSONNEL CHANGE *</b>  |   | DATE<br>MONTH 08 DAY 04 YEAR 2014  |   |
| <b>TO:</b><br><b>Utica Civil Service Commission</b><br><b>FROM:</b> (Check only one)<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village or District |   | <b>NAME OF EMPLOYEE:</b><br><b>Ruddy, Shawn A</b><br><b>ADDRESS:</b><br><span style="background-color: black; color: black;">REDACTED</span> |   |
| <b>DEPARTMENT:</b><br><b>Police Department</b>  |   | <b>TITLE OF POSITION:</b><br><b>Police Officer</b><br><b>SALARY:</b><br><b>\$ 64,307</b>   |   |
| <b>NAME AND TITLE OF LAST EMPLOYEE IN POSITION:</b>   |   | <b>DATE OF BIRTH:</b><br><span style="background-color: black; color: black;">REDACTED</span>  |   |
|   |   | <b>SOCIAL SECURITY NUMBER:</b><br><b>ID# 7263</b>  |   |
| <u><b>Check Nature of Personnel Change</b></u>  |   | <u><b>Date Effective</b></u>   | <u><b>Action Necessary by Appointing Officer:</b></u> |
| <b>A<br/>P<br/>P<br/>O<br/>I<br/>N<br/>T<br/>M<br/>E<br/>N<br/>T<br/>S</b>  | <input type="checkbox"/> Permanent                      |  | Return report of Certification                        |
|   | <input type="checkbox"/> Provisional                    |  | Attach application (MSD-330)                          |
|   | <input type="checkbox"/> Temporary                      | From: _____ To: _____  | State length of employment                            |
|   | <input type="checkbox"/> Substitute                     | From: _____ To: _____  | Give facts under Remarks                              |
|   | <input type="checkbox"/> For Term of Office             | From: _____ To: _____  | Give facts under Remarks                              |
|   | <input type="checkbox"/> Permanent Promotion            |  | Return report of Certification                        |
|   | <input type="checkbox"/> Provisional Promotion          |  | Attach nomination                                     |
|   | <input type="checkbox"/> Non-Competitive Class          |  | Attach application (MSD-330)                          |
|   | <input type="checkbox"/> Exempt Class                   |  | Submit this form only                                 |
|   | <input type="checkbox"/> Labor Class                    |  | Attach application (MSD-330)                          |
| <b>T<br/>E<br/>R<br/>M<br/>I<br/>O<br/>N<br/>N<br/>A<br/>S</b>  | <input type="checkbox"/> Resignation                    |  | Submit signed resignation                             |
|   | <input type="checkbox"/> Retirement                     |  | Give effective date                                   |
|   | <input type="checkbox"/> Deceased                       |  | Indicate date   |
|   | <input type="checkbox"/> Removal                        |  | Attach copy of proceedings                            |
|   | <input type="checkbox"/> Layoff (Lack of Work or Funds) |  | Give facts under Remarks                              |
| <b>O<br/>T<br/>H<br/>E<br/>R<br/><br/>C<br/>H<br/>A<br/>N<br/>G<br/>E<br/>S</b>   | <input type="checkbox"/> Military Leave of Absence      |  | Give facts under Remarks                              |
|   | <input type="checkbox"/> Other Leave of Absence         | From: _____ To: _____  | Give facts under Remarks                              |
|   | <input type="checkbox"/> Transfer                       |  | Give facts under Remarks                              |
|   | <input type="checkbox"/> Demotion                       |  | Give facts under Remarks                              |
|   | <input type="checkbox"/> Suspension                     |  | Give facts under Remarks                              |
|   | <input type="checkbox"/> Reinstatement                  |  | Give facts under Remarks                              |
|   | <input type="checkbox"/> Change in Classification       |  | Give facts under Remarks                              |
|   | <input type="checkbox"/> New Position                   |  | Submit form MSD-222                                   |
|   | <input checked="" type="checkbox"/> Change in Salary    | 8/6/14   | Indicate new salary                                   |
|   | <input type="checkbox"/> Change in Name                 |  | Give facts under Remarks                              |
| <input type="checkbox"/> Other  |   | Give facts under Remarks   |   |
| <b>Remarks:</b> (Continue on back if necessary)   |   |  |   |
| <b>Longevity increase eff. 8/6/14</b>   |   |  |   |
| <br><b>Appointing Officer</b><br><b>Title</b><br><b>Address</b>  |   |  |   |
| <b>CERTIFICATE</b><br>valid until _____<br><br>(Date) _____   |   |  |   |
| This certifies that the above<br>employment is in accordance with<br>Law and Rules made in pursuance<br>to law. Subject to any limitation or<br>condition specified above.  |   |  |   |
| By _____<br><br>Date _____  |   |  |   |

Report all personnel changes to this form  
Send ONE COPY prior to payroll affected by this change  
SUPPLEMENTARY PAYROLL CERTIFICATION AND  
REPORT OF PERSONNEL CHANGE

DATE

MONTH 04 DAY 01 YEAR 2014

| TO:<br><b>Utica Civil Service Commission</b>  |   | NAME OF EMPLOYEE:<br><b>Ruddy, Shawn A</b>   |  |
|---|---|--|--|
| FROM: (Check only one)<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village or District |   | ADDRESS:<br>[REDACTED]   |  |
| DEPARTMENT:<br><b>Police Department</b>   |   | TITLE OF POSITION:<br><b>Police Officer</b>  |  |
|   |   | SALARY:<br><b>\$ 63,683</b>  |  |
| NAME AND TITLE OF LAST EMPLOYEE IN POSITION:  |   | Veteran <input type="checkbox"/> Non-Veteran<br>Disabled Veteran <input type="checkbox"/> Exempt Volunteer Fireman |  |
|   |   | DATE OF BIRTH:   |  |
|   |   | SOCIAL SECURITY NUMBER:<br><b>ID# 7263</b>   |  |
| <u>Check Nature of Personnel Change</u>   |   | <u>Date Effective</u>  | <u>Action Necessary by Appointing Officer:</u> |
| A<br>P<br>P<br>O<br>I<br>N<br>T<br>M<br>E<br>N<br>T<br>S  | <input type="checkbox"/> Permanent                      |  | Return report of Certification                 |
|   | <input type="checkbox"/> Provisional                    |  | Attach application (MSD-330)                   |
|   | <input type="checkbox"/> Temporary                      | From: _____ To: _____  | State length of employment                     |
|   | <input type="checkbox"/> Substitute                     | From: _____ To: _____  | Give facts under Remarks                       |
|   | <input type="checkbox"/> For Term of Office             | From: _____ To: _____  | Give facts under Remarks                       |
|   | <input type="checkbox"/> Permanent Promotion            |  | Return report of Certification                 |
|   | <input type="checkbox"/> Provisional Promotion          |  | Attach nomination                              |
|   | <input type="checkbox"/> Non-Competitive Class          |  | Attach application (MSD-330)                   |
|   | <input type="checkbox"/> Exempt Class                   |  | Submit this form only                          |
| Labor Class   |   | Attach application (MSD-330)   |  |
| T<br>E<br>R<br>T<br>M<br>I<br>O<br>N<br>N<br>A<br>S   | <input type="checkbox"/> Resignation                    |  | Submit signed resignation                      |
|   | <input type="checkbox"/> Retirement                     |  | Give effective date                            |
|   | <input type="checkbox"/> Deceased                       |  | Indicate date                                  |
|   | <input type="checkbox"/> Removal                        |  | Attach copy of proceedings                     |
|   | <input type="checkbox"/> Layoff (Lack of Work or Funds) |  | Give facts under Remarks                       |
| O<br>T<br>H<br>E<br>R<br>C<br>H<br>A<br>N<br>G<br>E<br>S  | <input type="checkbox"/> Military Leave of Absence      |  | Give facts under Remarks                       |
|   | <input type="checkbox"/> Other Leave of Absence         | From: _____ To: _____  | Give facts under Remarks                       |
|   | <input type="checkbox"/> Transfer                       |  | Give facts under Remarks                       |
|   | <input type="checkbox"/> Demotion                       |  | Give facts under Remarks                       |
|   | <input type="checkbox"/> Suspension                     |  | Give facts under Remarks                       |
|   | <input type="checkbox"/> Reinstatement                  |  | Give facts under Remarks                       |
|   | <input type="checkbox"/> Change in Classification       |  | Give facts under Remarks                       |
|   | <input type="checkbox"/> New Position                   |  | Submit form MSD-222                            |
|   | <input checked="" type="checkbox"/> Change in Salary    | 4/1/14   | Indicate new salary                            |
| <input type="checkbox"/> Change in Name   |   | Give facts under Remarks   |  |
| Other   |   | Give facts under Remarks   |  |

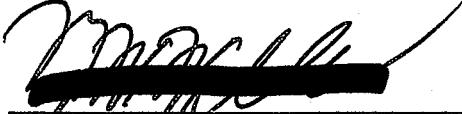
Remarks: (Continue on back if necessary)

Contract Increase effective 04/01/14

Appointing Officer

Title

Address



**Chief of Police**

CERTIFICATE

valid until

(Date)

This certifies that the above  
employment is in accordance with  
Law and Rules made in pursuance  
to law. Subject to any limitation or  
condition specified above.

By

Date

Report all personnel changes to this form  
Send ONE COPY prior to payroll affected by this change  
SUPPLEMENTARY PAYROLL CERTIFICATION AND  
REPORT OF PERSONNEL CHANGE

DATE

MONTH 12 DAY 18 YEAR 2013

|   |   |  |
|---|---|--|
| TO:<br><b>Utica Civil Service Commission</b>  |   | NAME OF EMPLOYEE:<br>[REDACTED]  |
| FROM: (Check only one)<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village or District |   | ADDRESS:   |
| DEPARTMENT:<br><b>Police Department</b>   |   | TITLE OF POSITION:<br><b>Police Officer</b>  |
| NAME AND TITLE OF LAST EMPLOYEE IN POSITION:  |   | SALARY:<br><b>\$ 62,435</b>  |
|   |   | Veteran <input type="checkbox"/> Non-Veteran<br>Disabled Veteran <input type="checkbox"/> Exempt Volunteer Fireman |
|   |   | DATE OF BIRTH:   |
|   |   | SOCIAL SECURITY NUMBER:<br><b>ID# 7263</b>   |
| <i>Check Nature of Personnel Change</i>   |   | <i>Date Effective</i>  |
| A<br>P<br>P<br>O<br>I<br>N<br>T<br>M<br>E<br>N<br>T<br>S  | <input type="checkbox"/> Permanent                      | Return report of Certification   |
|   | <input type="checkbox"/> Provisional                    | Attach application (MSD-330)   |
|   | <input type="checkbox"/> Temporary                      | State length of employment   |
|   | <input type="checkbox"/> Substitute                     | Give facts under Remarks   |
|   | <input type="checkbox"/> For Term of Office             | Give facts under Remarks   |
|   | <input type="checkbox"/> Permanent Promotion            | Return report of Certification   |
|   | <input type="checkbox"/> Provisional Promotion          | Attach nomination  |
|   | <input type="checkbox"/> Non-Competitive Class          | Attach application (MSD-330)   |
|   | <input type="checkbox"/> Exempt Class                   | Submit this form only  |
|   | <input type="checkbox"/> Labor Class                    | Attach application (MSD-330)   |
| T<br>E<br>R<br>T<br>M<br>I<br>O<br>N<br>N<br>A<br>S   | <input type="checkbox"/> Resignation                    | Submit signed resignation  |
|   | <input type="checkbox"/> Retirement                     | Give effective date  |
|   | <input type="checkbox"/> Deceased                       | Indicate date  |
|   | <input type="checkbox"/> Removal                        | Attach copy of proceedings   |
|   | <input type="checkbox"/> Layoff (Lack of Work or Funds) | Give facts under Remarks   |
| O<br>T<br>H<br>E<br>R<br>C<br>H<br>A<br>N<br>G<br>E<br>S  | <input type="checkbox"/> Military Leave of Absence      | Give facts under Remarks   |
|   | <input type="checkbox"/> Other Leave of Absence         | From: To: Give facts under Remarks   |
|   | <input type="checkbox"/> Transfer                       | Give facts under Remarks   |
|   | <input type="checkbox"/> Demotion                       | Give facts under Remarks   |
|   | <input type="checkbox"/> Suspension                     | Give facts under Remarks   |
|   | <input type="checkbox"/> Reinstatement                  | Give facts under Remarks   |
|   | <input type="checkbox"/> Change in Classification       | Give facts under Remarks   |
|   | <input type="checkbox"/> New Position                   | Submit form MSD-222  |
|   | <input type="checkbox"/> Change in Salary               | Indicate new salary  |
|   | <input type="checkbox"/> Change in Name                 | Give facts under Remarks   |
| <input type="checkbox"/> Other  | Give facts under Remarks                                |  |

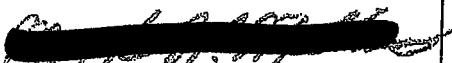
Remarks: (Continue on back if necessary)

Contract Increase effective 04/01/13

Appointing Officer

Title

Address

  
**Chief of Police**

CERTIFICATE  
valid until

This certifies that the above  
employment is in accordance with  
Law and Rules made in pursuance  
to law. Subject to any limitation or  
condition specified above.

By

Date

(Date)

| Report all personnel changes on this form<br>Send ONE COPIE prior to payroll affected by this change  |   | DATE<br><i>8/4/2009</i>  |  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|---|---|--|--|--|----------------|--|--|------------------------------------|--|--------------------------------|--------------------------------------|--|------------------------------|------------------------------------|-----------------------|----------------------------|-------------------------------------|-----------------------|--------------------------|---|-----------------------|--------------------------|--|--|--------------------------------|--|--|-------------------|--|--|------------------------------|--|---------------------------------------|--|-----------------------|--------------------------------------|--|------------------------------|--------------------------------------|--|---------------------------|-------------------------------------|--|---------------------|--|-----------------------------------|--|---------------|----------------------------------|--|----------------------------|---|--|--------------------------|----------------------------|--|--|--------------------------|---|-----------------------|--------------------------|-----------------------------------|--|--------------------------|-----------------------------------|--|--------------------------|-------------------------------------|--|--------------------------|--|--|--------------------------|---|--|--------------------------|---------------------------------------|--|---------------------|--|---------------|---------------------|---|--|--------------------------|--------------------------------|--|--------------------------|
| SUPPLEMENTARY PAYROLL CERTIFICATION AND<br>REPORT OF PERSONNEL CHANGE   |   |  |  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
| TO:<br>Utica Civil Service Commission   |   | NAME OF EMPLOYEE:<br><i>Ruddy, Shawn.</i>  |  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
| FROM: (Check only one)<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village or District   |   | ADDRESS:   |  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
| DEPARTMENT:<br>Police Department  |   | TITLE OF POSITION:<br><i>POLICE OFFICER</i>  |  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
| NAME AND TITLE OF LAST EMPLOYEE IN POSITION   |   | SALARY<br><i>\$ 53,121</i>   |  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   |   | <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran<br><input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Fireman   |  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   |   | DATE OF BIRTH:   |  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   |   | SOCIAL SECURITY NUMBER<br><i>[Redacted]</i>  |  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
| <table border="1"> <thead> <tr> <th colspan="2">Check Nature of Personnel Change</th> <th>Date Effective</th> <th>Action Necessary by Appointing Officer</th> </tr> </thead> <tbody> <tr> <td rowspan="8"><b>A<br/>P<br/>P<br/>O<br/>I<br/>N<br/>T<br/>M<br/>E<br/>N<br/>T<br/>S</b></td> <td><input type="checkbox"/> Permanent</td> <td></td> <td>Return report of Certification</td> </tr> <tr> <td><input type="checkbox"/> Provisional</td> <td></td> <td>Attach application (MSD-330)</td> </tr> <tr> <td><input type="checkbox"/> Temporary</td> <td>From: _____ To: _____</td> <td>State length of employment</td> </tr> <tr> <td><input type="checkbox"/> Substitute</td> <td>From: _____ To: _____</td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> For Term of Office</td> <td>From: _____ To: _____</td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Permanent Promotion</td> <td></td> <td>Return report of Certification</td> </tr> <tr> <td><input type="checkbox"/> Provisional Promotion</td> <td></td> <td>Attach nomination</td> </tr> <tr> <td><input type="checkbox"/> Non-Competitive Class</td> <td></td> <td>Attach application (MSD-330)</td> </tr> <tr> <td rowspan="4"><b>T<br/>A<br/>E<br/>T<br/>R<br/>I<br/>M<br/>O<br/>I<br/>N<br/>S</b></td> <td><input type="checkbox"/> Exempt Class</td> <td></td> <td>Submit this form only</td> </tr> <tr> <td><input type="checkbox"/> Labor Class</td> <td></td> <td>Attach application (MSD-330)</td> </tr> <tr> <td><input type="checkbox"/> Resignation</td> <td></td> <td>Submit signed resignation</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td></td> <td>Give effective date</td> </tr> <tr> <td rowspan="3"><b>O<br/>T<br/>H<br/>E<br/>R<br/>C<br/>H<br/>A<br/>N<br/>G<br/>E<br/>S</b></td> <td><input type="checkbox"/> Deceased</td> <td></td> <td>Indicate date</td> </tr> <tr> <td><input type="checkbox"/> Removal</td> <td></td> <td>Attach copy of proceedings</td> </tr> <tr> <td><input type="checkbox"/> Layoff (Lack of Work or Funds)</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td rowspan="8"><b>C<br/>O<br/>P<br/>Y</b></td> <td><input type="checkbox"/> Military Leave of Absence</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Other Leave of Absence</td> <td>From: _____ To: _____</td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Transfer</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Demotion</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Suspension</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Reinstatement</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Change in Classification</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> New Position</td> <td></td> <td>Submit form MSD-222</td> </tr> <tr> <td><input checked="" type="checkbox"/> Change in Salary</td> <td><i>8/6/09</i></td> <td>Indicate new salary</td> </tr> <tr> <td><input type="checkbox"/> Change in Name</td> <td></td> <td>Give facts under Remarks</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td>Give facts under Remarks</td> </tr> </tbody> </table> |   |  | Check Nature of Personnel Change       |  | Date Effective | Action Necessary by Appointing Officer | <b>A<br/>P<br/>P<br/>O<br/>I<br/>N<br/>T<br/>M<br/>E<br/>N<br/>T<br/>S</b> | <input type="checkbox"/> Permanent |  | Return report of Certification | <input type="checkbox"/> Provisional |  | Attach application (MSD-330) | <input type="checkbox"/> Temporary | From: _____ To: _____ | State length of employment | <input type="checkbox"/> Substitute | From: _____ To: _____ | Give facts under Remarks | <input type="checkbox"/> For Term of Office | From: _____ To: _____ | Give facts under Remarks | <input type="checkbox"/> Permanent Promotion |  | Return report of Certification | <input type="checkbox"/> Provisional Promotion |  | Attach nomination | <input type="checkbox"/> Non-Competitive Class |  | Attach application (MSD-330) | <b>T<br/>A<br/>E<br/>T<br/>R<br/>I<br/>M<br/>O<br/>I<br/>N<br/>S</b> | <input type="checkbox"/> Exempt Class |  | Submit this form only | <input type="checkbox"/> Labor Class |  | Attach application (MSD-330) | <input type="checkbox"/> Resignation |  | Submit signed resignation | <input type="checkbox"/> Retirement |  | Give effective date | <b>O<br/>T<br/>H<br/>E<br/>R<br/>C<br/>H<br/>A<br/>N<br/>G<br/>E<br/>S</b> | <input type="checkbox"/> Deceased |  | Indicate date | <input type="checkbox"/> Removal |  | Attach copy of proceedings | <input type="checkbox"/> Layoff (Lack of Work or Funds) |  | Give facts under Remarks | <b>C<br/>O<br/>P<br/>Y</b> | <input type="checkbox"/> Military Leave of Absence |  | Give facts under Remarks | <input type="checkbox"/> Other Leave of Absence | From: _____ To: _____ | Give facts under Remarks | <input type="checkbox"/> Transfer |  | Give facts under Remarks | <input type="checkbox"/> Demotion |  | Give facts under Remarks | <input type="checkbox"/> Suspension |  | Give facts under Remarks | <input type="checkbox"/> Reinstatement |  | Give facts under Remarks | <input type="checkbox"/> Change in Classification |  | Give facts under Remarks | <input type="checkbox"/> New Position |  | Submit form MSD-222 | <input checked="" type="checkbox"/> Change in Salary | <i>8/6/09</i> | Indicate new salary | <input type="checkbox"/> Change in Name |  | Give facts under Remarks | <input type="checkbox"/> Other |  | Give facts under Remarks |
| Check Nature of Personnel Change  |   | Date Effective   | Action Necessary by Appointing Officer |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
| <b>A<br/>P<br/>P<br/>O<br/>I<br/>N<br/>T<br/>M<br/>E<br/>N<br/>T<br/>S</b>  | <input type="checkbox"/> Permanent                      |  | Return report of Certification         |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Provisional                    |  | Attach application (MSD-330)           |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Temporary                      | From: _____ To: _____  | State length of employment             |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Substitute                     | From: _____ To: _____  | Give facts under Remarks               |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> For Term of Office             | From: _____ To: _____  | Give facts under Remarks               |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Permanent Promotion            |  | Return report of Certification         |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Provisional Promotion          |  | Attach nomination                      |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Non-Competitive Class          |  | Attach application (MSD-330)           |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
| <b>T<br/>A<br/>E<br/>T<br/>R<br/>I<br/>M<br/>O<br/>I<br/>N<br/>S</b>  | <input type="checkbox"/> Exempt Class                   |  | Submit this form only                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Labor Class                    |  | Attach application (MSD-330)           |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Resignation                    |  | Submit signed resignation              |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Retirement                     |  | Give effective date                    |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
| <b>O<br/>T<br/>H<br/>E<br/>R<br/>C<br/>H<br/>A<br/>N<br/>G<br/>E<br/>S</b>  | <input type="checkbox"/> Deceased                       |  | Indicate date                          |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Removal                        |  | Attach copy of proceedings             |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Layoff (Lack of Work or Funds) |  | Give facts under Remarks               |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
| <b>C<br/>O<br/>P<br/>Y</b>  | <input type="checkbox"/> Military Leave of Absence      |  | Give facts under Remarks               |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Other Leave of Absence         | From: _____ To: _____  | Give facts under Remarks               |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Transfer                       |  | Give facts under Remarks               |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Demotion                       |  | Give facts under Remarks               |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Suspension                     |  | Give facts under Remarks               |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Reinstatement                  |  | Give facts under Remarks               |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Change in Classification       |  | Give facts under Remarks               |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> New Position                   |  | Submit form MSD-222                    |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
| <input checked="" type="checkbox"/> Change in Salary  | <i>8/6/09</i>   | Indicate new salary  |  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Change in Name   |   | Give facts under Remarks   |  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Other  |   | Give facts under Remarks   |  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
| Remarks: (Continue on back if necessary)  |   |  |  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
| <i>Longevity increase<br/>EFFECTIVE 8/6/2009</i>  |   | <p>Appointing Officer<br/><i>[Signature]</i><br/>Title _____<br/>Address _____</p> <p>Chief of Police<br/><i>[Signature]</i></p>   |  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |
| <p>CERTIFICATE<br/>valid until _____</p> <p>(Date) _____</p>  |   | <p>This certifies that the above<br/>Employment is in accordance with<br/>Law and Rules made in pursuance<br/>to Law. Subject to any limitation or<br/>Condition specified above.</p> <p>By _____<br/>Date _____</p> |  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |  |                                       |  |                       |                                      |  |                              |                                      |  |                           |                                     |  |                     |  |                                   |  |               |                                  |  |                            |   |  |                          |                            |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |               |                     |   |  |                          |                                |  |                          |

Report all personnel changes on this form

Send ONE COPY prior to payroll affected by this change

SUPPLEMENTARY PAYROLL CERTIFICATION AND  
REPORT OF PERSONNEL CHANGE

DATE

4/5/2006

MONTH

DAY

YEAR

| TO:<br><br>Utica Civil Service Commission   |   | NAME OF EMPLOYEE:<br><br>See ATTACHED  |  |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|---|---|--|--|----------------------------------|--|----------------|--|--|------------------------------------|--|--------------------------------|--------------------------------------|--|------------------------------|------------------------------------|-----------------------|----------------------------|-------------------------------------|-----------------------|--------------------------|---|-----------------------|--------------------------|--|--|--------------------------------|--|--|-------------------|--|--|------------------------------|---------------------------------------|--|-----------------------|--|--------------------------------------|--|------------------------------|--------------------------------------|--|---------------------------|-------------------------------------|--|---------------------|-----------------------------------|--|---------------|----------------------------------|--|----------------------------|--|---|--|--------------------------|--|--|--------------------------|---|-----------------------|--------------------------|-----------------------------------|--|--------------------------|-----------------------------------|--|--------------------------|-------------------------------------|--|--------------------------|--|--|--------------------------|---|--|--------------------------|---------------------------------------|--|---------------------|--|--|---------------------|---|--|--------------------------|--------------------------------|--|--------------------------|
| FROM: (Check only one)<br><br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village or District   |   | ADDRESS:   |  |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
| DEPARTMENT:<br><br>Police Department  |   | TITLE OF POSITION:<br><br>SALARY<br>\$   |  |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
| NAME AND TITLE OF LAST EMPLOYEE IN POSITION   |   | <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran<br><input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Fireman |  |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   |   | DATE OF BIRTH:   |  |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   |   | SOCIAL SECURITY NUMBER:  |  |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
| <table border="1"> <thead> <tr> <th colspan="2">Check Nature of Personnel Change</th> <th>Date Effective</th> <th>Action Necessary by Appointing Officer</th> </tr> </thead> <tbody> <tr><td rowspan="9">A<br/>P<br/>P<br/>O<br/>I<br/>N<br/>T<br/>M<br/>E<br/>N<br/>T<br/>S</td><td><input type="checkbox"/> Permanent</td><td></td><td>Return report of Certification</td></tr> <tr><td><input type="checkbox"/> Provisional</td><td></td><td>Attach application (MSD-330)</td></tr> <tr><td><input type="checkbox"/> Temporary</td><td>From: _____ To: _____</td><td>State length of employment</td></tr> <tr><td><input type="checkbox"/> Substitute</td><td>From: _____ To: _____</td><td>Give facts under Remarks</td></tr> <tr><td><input type="checkbox"/> For Term of Office</td><td>From: _____ To: _____</td><td>Give facts under Remarks</td></tr> <tr><td><input type="checkbox"/> Permanent Promotion</td><td></td><td>Return report of Certification</td></tr> <tr><td><input type="checkbox"/> Provisional Promotion</td><td></td><td>Attach nomination</td></tr> <tr><td><input type="checkbox"/> Non-Competitive Class</td><td></td><td>Attach application (MSD-330)</td></tr> <tr><td><input type="checkbox"/> Exempt Class</td><td></td><td>Submit this form only</td></tr> <tr><td rowspan="5">T<br/>R<br/>A<br/>I<br/>R<br/>L<br/>I<br/>N<br/>N<br/>S</td><td><input type="checkbox"/> Labor Class</td><td></td><td>Attach application (MSD-330)</td></tr> <tr><td><input type="checkbox"/> Resignation</td><td></td><td>Submit signed resignation</td></tr> <tr><td><input type="checkbox"/> Retirement</td><td></td><td>Give effective date</td></tr> <tr><td><input type="checkbox"/> Deceased</td><td></td><td>Indicate date</td></tr> <tr><td><input type="checkbox"/> Removal</td><td></td><td>Attach copy of proceedings</td></tr> <tr><td rowspan="10">O<br/>T<br/>H<br/>E<br/>R<br/>C<br/>H<br/>A<br/>N<br/>G<br/>E<br/>S</td><td><input type="checkbox"/> Layoff (Lack of Work or Funds)</td><td></td><td>Give facts under Remarks</td></tr> <tr><td><input type="checkbox"/> Military Leave of Absence</td><td></td><td>Give facts under Remarks</td></tr> <tr><td><input type="checkbox"/> Other Leave of Absence</td><td>From: _____ To: _____</td><td>Give facts under Remarks</td></tr> <tr><td><input type="checkbox"/> Transfer</td><td></td><td>Give facts under Remarks</td></tr> <tr><td><input type="checkbox"/> Demotion</td><td></td><td>Give facts under Remarks</td></tr> <tr><td><input type="checkbox"/> Suspension</td><td></td><td>Give facts under Remarks</td></tr> <tr><td><input type="checkbox"/> Reinstatement</td><td></td><td>Give facts under Remarks</td></tr> <tr><td><input type="checkbox"/> Change in Classification</td><td></td><td>Give facts under Remarks</td></tr> <tr><td><input type="checkbox"/> New Position</td><td></td><td>Submit form MSD-222</td></tr> <tr><td><input checked="" type="checkbox"/> Change in Salary</td><td></td><td>Indicate new salary</td></tr> <tr><td><input type="checkbox"/> Change in 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type="checkbox"/> Exempt Class |  | Submit this form only | T<br>R<br>A<br>I<br>R<br>L<br>I<br>N<br>N<br>S | <input type="checkbox"/> Labor Class |  | Attach application (MSD-330) | <input type="checkbox"/> Resignation |  | Submit signed resignation | <input type="checkbox"/> Retirement |  | Give effective date | <input type="checkbox"/> Deceased |  | Indicate date | <input type="checkbox"/> Removal |  | Attach copy of proceedings | O<br>T<br>H<br>E<br>R<br>C<br>H<br>A<br>N<br>G<br>E<br>S | <input type="checkbox"/> Layoff (Lack of Work or Funds) |  | Give facts under Remarks | <input type="checkbox"/> Military Leave of Absence |  | Give facts under Remarks | <input type="checkbox"/> Other Leave of Absence | From: _____ To: _____ | Give facts under Remarks | <input type="checkbox"/> Transfer |  | Give facts under Remarks | <input type="checkbox"/> Demotion |  | Give facts under Remarks | <input type="checkbox"/> Suspension |  | Give facts under Remarks | <input type="checkbox"/> Reinstatement |  | Give facts under Remarks | <input type="checkbox"/> Change in Classification |  | Give facts under Remarks | <input type="checkbox"/> New Position |  | Submit form MSD-222 | <input checked="" type="checkbox"/> Change in Salary |  | Indicate new salary | <input type="checkbox"/> Change in Name |  | Give facts under Remarks | <input type="checkbox"/> Other |  | Give facts under Remarks |
| Check Nature of Personnel Change  |   | Date Effective   | Action Necessary by Appointing Officer |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
| A<br>P<br>P<br>O<br>I<br>N<br>T<br>M<br>E<br>N<br>T<br>S  | <input type="checkbox"/> Permanent                      |  | Return report of Certification         |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Provisional                    |  | Attach application (MSD-330)           |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Temporary                      | From: _____ To: _____  | State length of employment             |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Substitute                     | From: _____ To: _____  | Give facts under Remarks               |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> For Term of Office             | From: _____ To: _____  | Give facts under Remarks               |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Permanent Promotion            |  | Return report of Certification         |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Provisional Promotion          |  | Attach nomination                      |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Non-Competitive Class          |  | Attach application (MSD-330)           |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Exempt Class                   |  | Submit this form only                  |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
| T<br>R<br>A<br>I<br>R<br>L<br>I<br>N<br>N<br>S  | <input type="checkbox"/> Labor Class                    |  | Attach application (MSD-330)           |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Resignation                    |  | Submit signed resignation              |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Retirement                     |  | Give effective date                    |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Deceased                       |  | Indicate date                          |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Removal                        |  | Attach copy of proceedings             |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
| O<br>T<br>H<br>E<br>R<br>C<br>H<br>A<br>N<br>G<br>E<br>S  | <input type="checkbox"/> Layoff (Lack of Work or Funds) |  | Give facts under Remarks               |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Military Leave of Absence      |  | Give facts under Remarks               |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Other Leave of Absence         | From: _____ To: _____  | Give facts under Remarks               |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Transfer                       |  | Give facts under Remarks               |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Demotion                       |  | Give facts under Remarks               |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Suspension                     |  | Give facts under Remarks               |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Reinstatement                  |  | Give facts under Remarks               |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> Change in Classification       |  | Give facts under Remarks               |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input type="checkbox"/> New Position                   |  | Submit form MSD-222                    |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   | <input checked="" type="checkbox"/> Change in Salary    |  | Indicate new salary                    |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Change in Name   |   | Give facts under Remarks   |  |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
| <input type="checkbox"/> Other  |   | Give facts under Remarks   |  |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
| Remarks: (Continue on back if necessary)  |   |  |  |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
| <p><i>CONTRACTUAL AND LONGEVITY</i></p> <p><i>INCREASES EFFECTIVE</i></p> <p><i>4/1/2006</i></p>  |   |  |  |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
| CERTIFICATE   |   | This certifies that the above  |  |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
| valid until   |   | Employment is in accordance with   |  |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   |   | Law and Rules made in pursuance  |  |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   |   | to Law. Subject to any limitation or   |  |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
| (Date)  |   | Condition specified above.   |  |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   |   | By _____   |  |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
|   |   | Date _____   |  |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |
| <p style="text-align: right;"><i>C. J. [Signature]</i><br/><i>CHIEF OF POLICE</i></p>   |   |  |  |                                  |  |                |  |  |                                    |  |                                |                                      |  |                              |                                    |                       |                            |                                     |                       |                          |   |                       |                          |  |  |                                |  |  |                   |  |  |                              |                                       |  |                       |  |                                      |  |                              |                                      |  |                           |                                     |  |                     |                                   |  |               |                                  |  |                            |  |   |  |                          |  |  |                          |   |                       |                          |                                   |  |                          |                                   |  |                          |                                     |  |                          |  |  |                          |   |  |                          |                                       |  |                     |  |  |                     |   |  |                          |                                |  |                          |

Report all personnel changes on this form  
 Send ONE COPY prior to payroll affected by this change  
 SUPPLEMENTARY PAYROLL CERTIFICATION AND  
 REPORT OF PERSONNEL CHANGE

DATE  
 8 / 5 / 2004  
 MONTH DAY YEAR

|   |  |  |
|---|--|--|
| TO:<br><br>Utica Civil Service Commission   | NAME OF EMPLOYEE:<br><br>RUDY, SHAWN A.  |  |
| FROM: (Check only one)<br><br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> Village or District | ADDRESS:   |  |
| DEPARTMENT:<br><br>POLICE DEPARTMENT  | TITLE OF POSITION:<br><br>POLICE OFFICER   | SALARY<br><br>\$ 28,894  |
| NAME AND TITLE OF LAST EMPLOYEE IN POSITION   | <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran<br><input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Fireman   |  |
|   | DATE OF BIRTH:   | SOCIAL SECURITY NUMBER<br>[REDACTED]   |
| Check Nature of Personnel Change  |  | Date Effective   |
| A<br>P<br>P<br>O<br>I<br>N<br>T<br>M<br>E<br>N<br>T<br>S  | <input checked="" type="checkbox"/> Permanent<br><input type="checkbox"/> Provisional<br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Substitute<br><input type="checkbox"/> For Term of Office<br><input type="checkbox"/> Permanent Promotion<br><input type="checkbox"/> Provisional Promotion<br><input type="checkbox"/> Non-Competitive Class<br><input type="checkbox"/> Exempt Class<br><input type="checkbox"/> Labor Class                                   | <8/5/2004><br>Return report of Certification<br>Attach application (MSD-330)<br>State length of employment<br>Give facts under Remarks<br>Give facts under Remarks<br>Return report of Certification<br>Attach nomination<br>Attach application (MSD-330)<br>Submit this form only<br>Attach application (MSD-330) |
| T<br>A<br>E<br>T<br>R<br>I<br>M<br>O<br>I<br>N<br>S   | <input type="checkbox"/> Resignation<br><input type="checkbox"/> Retirement<br><input type="checkbox"/> Deceased<br><input type="checkbox"/> Removal<br><input type="checkbox"/> Layoff (Lack of Work or Funds)  | Submit signed resignation<br>Give effective date<br>Indicate date<br>Attach copy of proceedings<br>Give facts under Remarks  |
| O<br>T<br>H<br>E<br>R<br>C<br>H<br>A<br>N<br>G<br>E<br>S  | <input type="checkbox"/> Military Leave of Absence<br><input type="checkbox"/> Other Leave of Absence<br><input type="checkbox"/> Transfer<br><input type="checkbox"/> Demotion<br><input type="checkbox"/> Suspension<br><input type="checkbox"/> Reinstatement<br><input type="checkbox"/> Change in Classification<br><input type="checkbox"/> New Position<br><input type="checkbox"/> Change in Salary<br><input type="checkbox"/> Change in Name<br><input type="checkbox"/> Other | Give facts under Remarks<br>Give facts under Remarks<br>Submit form MSD-222<br>Indicate new salary<br>Give facts under Remarks<br>Give facts under Remarks             |

Remarks: (Continue on back if necessary)

NEW EMPLOYEE EFFECTIVE 8/5/04  
 CONTINGENT PERMANENT UNTIL  
 R. ZERDECKI RETIREMENT.

Appointing Officer  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_

[REDACTED]  
 CHIEF OF POLICE

|  |  |                            |
|--|--|----------------------------|
| CERTIFICATE<br><br>valid until _____<br><br>(Date) _____ | This certifies that the above<br>Employment is in accordance with<br>Law and Rules made in pursuance<br>to Law. Subject to any limitation or<br>Condition specified above. | By _____<br><br>Date _____ |
|--|--|----------------------------|

**UTICA POLICE DEPARTMENT**

**Personnel Order**



|   |   |            |
|---|---|------------|
| <b>Issue date:</b><br>12/12/2014            | <b>Subject: Assignment / Transfer Orders</b>    | P.O. 14-50 |
| <b>Issuing Authority</b><br>Capt. E. Noonan | <b>Approved by:</b><br><b>Chief M. Williams</b> |            |

PO Shawn Ruddy

Will leave the Uniformed Patrol Division at 2359 hours on Sunday December 14th, 2014. He will report to Captain Mike Zdanowicz at 1645 hours on Monday December 15<sup>th</sup>, 2014 for a temporary assignment within the Criminal Investigations Division.

A handwritten signature in black ink, appearing to read "Edward Noonan".

Captain Edward Noonan  
Uniformed Patrol Division



## UTICA POLICE DEPARTMENT

# Personnel Order

|                        |   |             |
|------------------------|---|-------------|
| Issue date:            | <b>Subject: Assignment / Transfer Orders</b>        | P.O.06 - 12 |
| Captain<br>C. Stephens | <b>Approved by:</b><br><b>Chief C. Allen Pylman</b> |             |

[REDACTED] Will leave Platoon A on 24 April 2006. He will report to Lieutenant M. Williams at 15:45 25 April 2006 for assignment in Platoon C Squad 2.

[REDACTED] Will leave Criminal Investigation 30 April 2006. She will report to Lieutenant D. Alsheimer at 07:45 1 May 2006 for assignment in Platoon B Squad 3.

[REDACTED] Will leave the Community Policing Unit 30 April 2006. He will report to Lieutenant D. Alsheimer at 07:45 1 May 2006 for assignment in Platoon B Squad 3.

[REDACTED] Will leave Platoon C on 30 April 2006. He will report to Sergeant W. Manolescu at 11:45 1 May 2006 for assignment in the Community Policing Unit.

[REDACTED] Will leave Platoon C on 30 April 2006. He will report to Lieutenant D. Alsheimer at 07:45 1 May 2006 for assignment in Platoon B Squad 2.

[REDACTED] Will leave Platoon A on 1 May 2006. He will report to Lieutenant M. Williams at 15:45 2 May 2006 for assignment in Platoon C Squad 1.

[REDACTED] Will leave Platoon A on 3 May 2006. He will report to Lieutenant M. Williams at 15:45 4 May 2006 for assignment in Platoon C Squad 3.

**Officer S. Ruddy**  
[REDACTED] Will leave Platoon A on 3 May 2006. He will report to Lieutenant M. Williams at 15:45 4 May 2006 for assignment in Platoon C Squad 3.

[REDACTED] Will leave Platoon C on 3 May 2006. He will report to Lieutenant M. Mezzanini at 23:45 3 May 2006 for assignment in Platoon A Squad 3 on 4 May 2006.

[REDACTED] Will leave Platoon B on 4 May 2006. He will report to Lieutenant M. Williams at 15:45 5 May 2006 for assignment in Platoon C Squad 2.

[REDACTED] Will leave Platoon C on 3 May 2006. He will report to Lieutenant M. Mezzanini at 23:45 3 May 2006 for assignment in Platoon A Squad 3 on 4 May 2006.

[REDACTED] Will leave Platoon C on 1 May 2006. He will report to Lieutenant M. Mezzanini at 23:45 1 May 2006 for assignment in Platoon A Squad 1 on 2 May 2006.

[REDACTED] Will leave Platoon B on 2 May 2006. He will report to Lieutenant M. Williams at 15:45 3 May 2006 for assignment in Platoon C Squad 1.

[REDACTED] Will leave Platoon B on 1 May 2006. He will report to Lieutenant M. Williams at 15:45 2 May 2006 for assignment in Platoon C Squad 1.

*C. S.*  
Captain Clayton Stephens  
Uniform Division Commander

# UTICA POLICE DEPARTMENT

## Personnel Order



|  |  |                                       |
|--|--|---------------------------------------|
| Issue date:<br>March 5, 2005           | Subject: Assignment / Transfer<br>Orders | P.O. 05-15                            |
| Issuing Authority<br>Captain A.Candido |  | Approved by:<br>Chief C. Allen Pylman |

[REDACTED]

Will end his tour of duty on March 11, 2005 and he will be given March 12 & 13 as RDOs and then will leave Squad A3. He will report for duty to Squad B1 at 0800 hours March 14, 2005.

[REDACTED]

Will leave Squad A2 on March 11, 2005. He will be given March 10 & 11 as RDOs. He will report for duty to Squad B2 at 0800 hours March 12, 2005.

[REDACTED]

Will leave Squad B2 on March 9, 2005. He will report to Squad A2 at 0800 hours March 10, 2005. (training day for A2)

[REDACTED]

Will leave Squad B3 at the end of the tour of duty on March 15, 2005. He will report for duty to Squad C3 at 1545 hours March 16, 2005.

[REDACTED]

Will leave Squad B1 on March 13, 2005. He will report for duty to Squad C2 at 1545 hours March 14, 2005.

PO. S. Ruddy.....

Will leave Squad B2 at the end of the tour of duty on March 7, 2005. He will report to Squad A3 at 0800 hours March 8, 2005. (training day for A3)

[REDACTED]

Will leave Squad C2 on March 11, 2005. He will report for duty to Squad B2 at 0800 hours March 12, 2005.

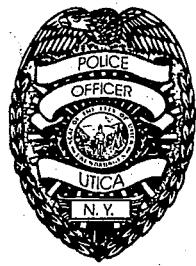
[REDACTED]

Will leave Squad C2 on March 13, 2005. He will be given March 14 as a RDO. He will report for duty to Squad B3 at 0800 hours March 15, 2005.

[REDACTED]

Will leave Squad B2 at the end of the tour of duty on March 7, 2005. He will report to Squad A3 at 0800 hours March 8, 2005. (training day for A3)

Captain Alfred Candido



**UTICA POLICE DEPARTMENT**

**Personnel Order**

|                                       |   |             |
|---------------------------------------|---|-------------|
| <b>Issue date:</b><br>4 December 2005 | <b>Subject: Assignment / Transfer Orders</b>        | P.O.05 - 35 |
| Captain<br>C. Stephens                | <b>Approved by:</b><br><b>Chief C. Allen Pylman</b> |             |

[REDACTED] Will leave Platoon A on 13 January 2006. He will report to Lieutenant J. Toomey at 07:45 14 January 2006 for assignment in Platoon B Squad 1.

[REDACTED] Will leave Platoon B on 5 January 2006. He will report to Lieutenant M. Williams at 15:45 6 January 2006 for assignment in Platoon C Squad 3.

[REDACTED] Will leave Platoon C on 8 January 2006. He will report to Lieutenant M. Mezzanini at 23:45 8 January 2006 for assignment in Platoon A Squad 1 on 9 January 2006.

[REDACTED] Will leave Platoon A on 7 January 2006. He will report to Lieutenant J. Toomey at 07:45 8 January 2006 for assignment in Platoon B Squad 1.

[REDACTED] Will leave Platoon C on 11 January 2006. He will report to Lieutenant J. Toomey at 07:45 12 January 2006 for assignment in Platoon B Squad 2.

[REDACTED] Will leave Platoon A on 13 January 2006. She will report to Lieutenant J. Toomey at 07:45 14 January 2006 for assignment in Platoon B Squad 1.

[REDACTED] Will leave Platoon B on 7 January 2006. He will report to Lieutenant M. Mezzanini at 23:45 7 January 2006 for assignment in Platoon A Squad 1 on 8 January 2006.

[REDACTED] Will leave Platoon A on 8 January 2006. He will report to Lieutenant M. Williams at 15:45 9 January 2006 for assignment in Platoon C Squad 1.

[REDACTED] Will leave Platoon A on 14 January 2006. He will report to Lieutenant M. Williams at 15:45 15 January 2006 for assignment in Platoon C Squad 1.

[REDACTED] Will leave Platoon B on 11 January 2006. He will report to Lieutenant M. Williams at 15:45 12 January 2006 for assignment in Platoon C Squad 2.

[REDACTED] Will leave Platoon B on 8 January 2006. He will report to Lieutenant M. Williams at 15:45 9 January 2006 for assignment in Platoon C Squad 2.

[REDACTED] Will leave Platoon C on 13 January 2006. He will report to Lieutenant M. Mezzanini at 23:45 13 January 2006 for assignment in Platoon A Squad 1 on 14 January 2006.

[REDACTED] Will leave Platoon C on 11 January 2006. He will report to Lieutenant M. Mezzanini at 23:45 11 January 2006 for assignment in Platoon A Squad 3 on 12 January 2006.

**Officer S. Ruddy**

Will leave Platoon C on 6 January 2006. He will report to Lieutenant M. Mezzanini at 23:45 6 January 2006 for assignment in Platoon A Squad 3 on 7 January 2006.

  
Captain Clayton Stephens  
Uniform Division Commander

UTICA POLICE DEPARTMENT

**Personnel Order**



|                                       |   |               |
|---------------------------------------|---|---------------|
| <b>Issue date:</b><br>21 January 2005 | <b>Subject: Assignment / Transfer Orders</b>        | P.O.2005 - 08 |
| Captain<br>C. Stephens                | <b>Approved by:</b><br><b>Chief C. Allen Pylman</b> |               |

**Officer S. Ruddy.....**

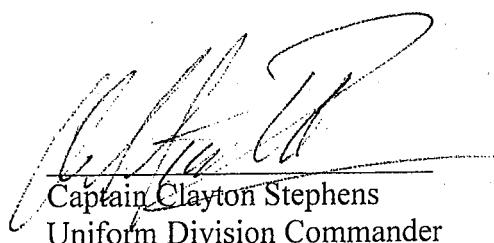
Will leave the Support Division at the end of tour 22 January 2005. He will report Lieutenant J. Toomey at 23 January 2005 for assignment in the Patrol Division, Platoon B Squad 2.

**[REDACTED].....**

Will leave the Support Division at the end of tour 22 January 2005. He will report Lieutenant R. DiPerna at 23 January 2005 for assignment in the Patrol Division, Platoon C Squad 2.

**[REDACTED].....**

Will leave the Support Division at the end of tour 22 January 2005. He will report Lieutenant R. DiPerna at 23 January 2005 for assignment in the Patrol Division, Platoon C Squad 2.



Captain Clayton Stephens  
Uniform Division Commander

**DEPARTMENT OF PUBLIC SAFETY****BUREAU OF POLICE****413 Oriskany Street West****Utica, New York 13502**

1/9/09

**SUBJECT:** Ruddy, Shawn; Request for temporary training assignment within the Criminal Investigation Division**TO:** Interim Chief of Police: Daniel N. Labella

This officer respectfully requests consideration for a temporary training position within the Criminal Investigative Division.

I have been with the department since August 5, 2004, assigned to the Uniform Patrol Division, C-Platoon. During that time I have received several commendations for meritorious service. I am a Field Training Officer and a School Resource Officer and have also attended the School Violence and Safety Training Seminar.

I feel that I would be an asset to the Criminal Investigative Division for many reasons, some of which include; my willingness and ability to quickly learn and apply new skills and assignments, my report writing and communication skills and my work ethic.

I also work as a School Resource Officer for the Utica City School District and have been assigned to Proctor High School for the past three years. I feel that the experience that I continue to gain in that position can also be very useful in a position within CID.

I am eager to further develop my investigative skills as well as learn and gain any knowledge that comes with working as an investigator. I am highly motivated and if given this opportunity I would work very hard to achieve the goals and expectations of the division.

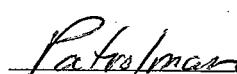
Thank you for any consideration.

Respectfully submitted,

Patrolman Shawn Ruddy

NAME:

RANK:



**DEPARTMENT OF PUBLIC SAFETY****BUREAU OF POLICE**

413 Oriskany Street West

Utica, New York 13502

7/2/08

**SUBJECT:** Training assignment for CID**TO:** Interim Chief of Police: Daniel N. Labella

I am respectfully request to be considered for a temporary training position in the Criminal Investigation Division. I have been with the Utica Police Department for four years. During that time, I have been assigned to the uniformed patrol division, C platoon. Primarily assigned to Car 56. I am a Field Training Officer and a School Resource Officer. I would appreciate any consideration given to me for a temporary training position.

NAME: 

RANK: P.Hm.

# Department of Public Safety

BUREAU OF POLICE

413 ORISKANY STREET WEST

UTICA, NEW YORK 13502

09/20/06

**SUBJECT:** Future assignment

**TO:** Chief of Police: C. Allen Pylman

I would like to take this opportunity to show an interest in a training position, in the Tactical Unit and Community Policing Unit. My date of appointment is August 5, 2004. Currently I am assigned to Lt. Williams from the 1600 to 0000 hrs tour of duty and have been permanently assigned to Car / Zone 55. Being a part of the Tactical Unit or Communitiy Policing unit would be considered an honor. If given the opportunity, I believe I can further my experience as a Utica Police Officer in this position.

Respectfully Submitted,

Name:

Page 1 of 1

Rank:

Patrolman

# Department of Public Safety

BUREAU OF POLICE

413 ORISKANY STREET WEST

UTICA, NEW YORK 13502

3/20/06

**SUBJECT:** Secondary Employment

**TO:** Chief of Police: C. Allen Pylman

Updated secondary employment, as of January 23, 2006, I currently engage in secondary employment at Thomas R. Proctor High School in compliance with departmental policy. I do not engage in any other secondary employment.

Respectfully Submitted,

Name: S. A. Ruddy

Page 1 of 1

Rank: Ptlm

UPD - 61  
DRN

# Department of Public Safety

BUREAU OF POLICE

413 ORISKANY STREET WEST

UTICA, NEW YORK 13502

01/13/2006

**SUBJECT:** Secondary Employment

**TO:** Chief of Police: C. Allen Pylman

I currently do not engage in secondary employment.

Respectfully Submitted,

Name: Shawn Ruddy

Page 1 of 1

Rank: \_\_\_\_\_ PTL

RECEIVED  
DATE  
2-2-06

# Department of Public Safety

BUREAU OF POLICE

413 ORISKANY STREET WEST

UTICA, NEW YORK 13502

11/30/05

**SUBJECT:** Secondary Employment

**TO:** Chief of Police: C. Allen Pylman

I am respectfully requesting permission to work secondary employment at the Utica City School District.

Sgt. Franco advised me to submit this request.

**Approved - Ensure that you familiarize yourself with Chapter 8, Article 3 of the  
UPD Procedural Manual concerning secondary employment.**

CAP 12/19/05

Respectfully Submitted,

Name: Shawn A. Ruddy Page 1 of 1 Rank: Patrolman

**jwolf**

---

**From:** mwilliams  
**Sent:** Saturday, April 25, 2015 8:53 AM  
**To:** shauck; Mayor  
**Cc:** Dale [REDACTED] jtoomey; sruddy; jwolf; jdare; jdodge; enoonan; mzdanowicz  
**Subject:** Re: inverstigator ruddy

Good morning Mayor,

Please see the email below from a Mr. [REDACTED]. Dale reached out to Lieutenant Steve Hauck to express his gratitude for the way that Investigator Shawn Ruddy, Police Officers Joe Dare and Jessica Dodge handled a call with his mother at the Masonic Care Community. Dale cited the officer's professionalism, respect and compassion shown to him and his mother.

I thought you should be aware of these officers actions. I will be placing a copy of this email in each of the officers personnel file in recognition for a job well done.

I want to personally thank Mr. [REDACTED] for taking the time to recognize the efforts of our police officers and for bring this to my attention.

Great job to all involved. I'm very proud of you. Thank you for representing our department proudly.

Sincerely,  
Chief Williams

Sent from my iPad

On Apr 24, 2015, at 5:59 PM, shauck [REDACTED] wrote:

Thank You Dale. I will make sure that the Chief gets this, and it is placed in Investigator Ruddy's file.

Lt Steve Hauck

**From:** Dale [REDACTED]  
**Sent:** Friday, April 24, 2015 5:58 PM  
**To:** shauck  
**Subject:** inverstigator ruddy

Lt Hauck,

I wanted to send to you and please forward to Chief Williams my appreciation for the professionalism and compassion of Investigator Shawn Ruddy.

My mother had an alleged incident at the Masonic Care Community and was investigated by Investigator Ruddy and other members of the Department.

All were professional, respectful and sympathetic. I apologize not having the names of the Uniformed Officers and others involved, but please express my gratutude to all of them as well. Investigator Ruddy kept me up to date and did follow up with the last being a few minutes ago and our mutual agreement to close the matter.

I told him that I grew up in ██████████ and literally in the Sheriffs Department there with Sheriff ██████████ and his son ██████████. I had been surrounded by men and later women that stood with hand over heart during the National Anthem during a TV baseball game. Three time purple heart winners from WW2 and escaping from POW camps..they truly believed " protect and to serve".

I am thrilled to see that same spirit alive and well in the UPD. I have known many members of UPD and all area law enforcement through the years. Many are very good friends. I am glad the current officers carry the proud tradition and may very well surpass the bar of excellence. Your force is one to be very proud of.

Thank you again.

Regards,

Yorkville NY 13495

wmanolescu

---

**From:** mzdanzowicz  
**Sent:** Thursday, November 08, 2007 5:46 PM  
**To:** wmanolescu  
**Subject:** FW: RMS 07-54303 Suspicious vehicle call [REDACTED]

---

**From:** pdodge  
**Sent:** Thursday, November 08, 2007 12:18 AM  
**To:** mzdanzowicz; sdougherty  
**Subject:** FW: RMS 07-54303 Suspicious vehicle call [REDACTED]

Mike or Sean, figured I would forward this to you since Ruddy is yours. He was held over to assist our Platoon due to staffing shortage.

Thanks, Pat

---

**From:** auryniak  
**Sent:** Wednesday, November 07, 2007 10:11 AM  
**To:** mclive; sruddy  
**Cc:** A Platoon Supervisors  
**Subject:** RMS 07-54303 Suspicious vehicle call [REDACTED]

PO Clive & PO Ruddy,

[REDACTED] from [REDACTED] called in at 10:00 this morning. She was calling to report that she was very pleased with your prompt and courteous response to her suspicious vehicle call. She was concerned about the suspicious white pickup that parked in her driveway. Even though the vehicle left before you arrived, she was relieved when you came promptly and did a thorough premise and area check. Good job. Well done.  
Sgt. AJU

jwalters

---

**From:** mwilliams  
**Sent:** Sunday, January 29, 2012 11:13 PM  
**To:** mmurphy; rzasa; [REDACTED] bbansner  
**Cc:** jtoomey; dmickle; enoonan; [REDACTED] er.com'; sbrucker; jwalters  
**Subject:** Re: Utica Public Library- January 25th

Gentlemen:

On Thursday, January 26<sup>th</sup>, I received a telephone call from [REDACTED] from the Utica Public Library. She wanted to call and thank the police officers who responded to the 911 call from January 25<sup>th</sup>, in we our department arrested two disorderly females. She appreciated our quick response and told me how her staff was extremely afraid by the conduct of these two females. [REDACTED] praise the actions of our police officers and appreciated your professionalism.

Thank you for representing the agency proudly. I am very proud of each of you.

Chief Williams

Note: Julie- Please make a copy of this email and place it in each personnel folder of the officers involved.

*Chief Mark W. Williams*



City of Utica Police Department

413 Oriskany Street West

Utica, New York 13502

Office Telephone [REDACTED]

Work Cellular Phone [REDACTED]

E-mail address [REDACTED]



# UTICA POLICE DEPARTMENT

OFFICE OF THE CHIEF OF POLICE  
413 Oriskany Street West, Utica, New York 13502

Fax [REDACTED]

DAVID R. ROEFARO  
Mayor

DANIEL N. LaBELLA  
Acting Chief of Police  
Public Safety Commissioner

September 23, 2008

Robert Palmieri, Weed & Seed Coordinator  
Sergeant David Dare  
Investigator Peter Paladino  
Officer Shawn Ruddy

Gentlemen:

On September 17, 2008 at around 10:00 p.m., two youths were shot while at the intersection of Jay and Nichols Streets. [REDACTED] and [REDACTED] were treated for nonlife-threatening injuries at St. Elizabeth Medical Center. Very little information was known about the incident because [REDACTED] and [REDACTED] were uncooperative with police and witnesses could not be found.

On September 18, 2008, Weed & Seed Coordinator, Robert Palmieri approached me and said that he received information from a citizen that the shooting was drug related and heavy activity was coming from [REDACTED] (in the same vicinity where the shooting occurred). Mr. Palmieri asked me to assign Utica Police Officers with him to do a quality of life sweep in the Nichols and Blandina Street area to put the pressure on some of the drug dealers and possibly get some information on the previous night's shooting. I granted Mr. Palmieri's request and assigned Sergeant David Dare and Police Officer Shawn Ruddy to work with him.

Later that night, while conducting a quality of life sweep at [REDACTED], this same detail would arrest a [REDACTED] on drug charges. The arrest of this [REDACTED] would lead to him cooperating with Investigator Peter Paladino and identifying [REDACTED] as the person who shot at the two youths from the previous night. [REDACTED] was arrested and charged with reckless endangerment in the first degree.

I am writing this letter to recognize the outstanding efforts of Robert Palmieri, Sergeant Dare, Investigator Paladino and Officers Greico and Ruddy. Additionally, I want to thank each of them for their dedication to duty. An extremely dangerous individual who had a long history of gun violence, was removed from our city streets because of the information they developed as a result of this quality of life sweep.

Respectfully submitted,

Mark W. Williams  
Deputy Chief of Police

MWW:jw

c.c.: Mayor David R. Roefaro  
Commissioner of Public Safety, Daniel N. LaBella

# **State of New York**

## **Division of Criminal Justice Services**

Hereby Acknowledges and Declares that

***Shawn Ruddy***

has attended the

***New York Law Enforcement and the Law-Updates,  
Practices and Procedures Course***

given under the auspices of the

**NYS Division of Criminal Justice Services  
Utica, New York  
March 8, 2017**

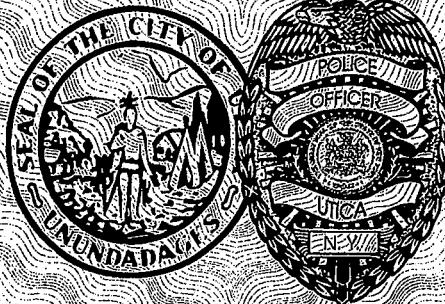


*mwood*

**Michael R. Wood**  
Deputy Commissioner

# Utica Police Department

UTICA, NEW YORK



## Certificate of Commendation

### HONORABLE SERVICE

Awarded to

SERGEANT JOSEPH CUCHARALE, OFFICER CHARLES PARKOSEWICH, OFFICER CHARLES GOLDSTEIN, OFFICER JOHN SCARAMUZZINO, OFFICER ROCCO ZASA, OFFICER JOSHUA AUSTIN, OFFICER SHAWN RUDDY and OFFICER ABBY GYMBURCH

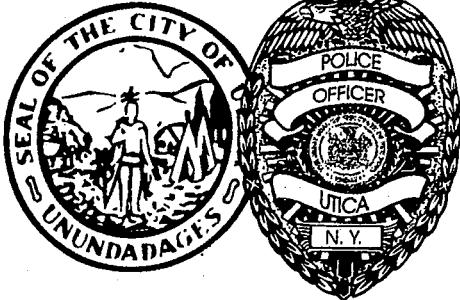
At approximately 11:40 p.m. on May 14, 2014, several units responded to an apartment building for shots fired. Initial units responded to the area, located a victim, clearing hallways and staircases as they proceeded. Once the victim was located, he was found to have a gunshot wound to the chest. The scene was still deemed unsafe at that time so Sergeant Cucharale and Officer Parkosewich retrieved a stretcher from the paramedics, loaded the victim, and transported the victim to the street where paramedics took over. The officers' courage, dedication to duty, and keen observation skills bring honor upon themselves and the entire Utica Police Department.

Dated: May 18, 2015

Mark W. Williams, Chief of Police

# Utica Police Department

UTICA, NEW YORK



## Certificate of Commendation EXCEPTIONAL DUTY

AWARDED TO

**OFFICER SHAWN A. RUDDY**

On March 22, 2005, shortly before 01:30 hours, headquarters was alerted to an armed robbery in progress at a Cornhill residence. It was further learned that five victims were being held by the two armed suspects. Responding officers set up a perimeter around the house and an entry team entered the residence and was able to capture both suspects and recover a handgun, a bulletproof vest and a knife. The five victims were safely removed and medical treatment provided for one of them.

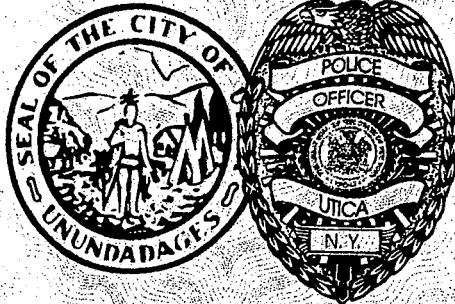
The quick response and coordinated efforts of all officers involved diffused a potentially deadly situation and brought about the arrest of two dangerous criminals. Lieutenant Mezzanini, Sergeant Mickle, Sergeant Capri, Sergeant Ruggiero and Officers Bick, Rios, Geddes, Wadley, Fassett, Berger, Ruddy, DeAngelo and Shaffer are a credit to themselves and the entire Utica Police Department.

Dated May 26, 2005

*C. Allen Rader*  
Chief of Police

# Utica Police Department

UTICA, NEW YORK



## Certificate of Commendation HONORABLE SERVICE

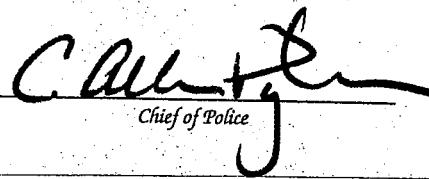
AWARDED TO  
Officer Shawn Ruddy

On July 9, 2005, an investigator and uniformed officers responded to a home invasion robbery on the east side. On arrival, responding officers learned that two male suspects, armed with a handgun, had forced their way into the victim's home and took cash and jewelry valued at over \$6,000. The officers immediately broadcast a description of the suspects.

Officer Thomas Lindsey spotted a suspect matching the description of one of the assailants, who fled as the officer approached him and Officers Lindsey and Ruddy began a foot chase which led to the suspect's apprehension and the recovery of a loaded handgun and proceeds from the robbery. Further investigation led to the arrest of the second suspect.

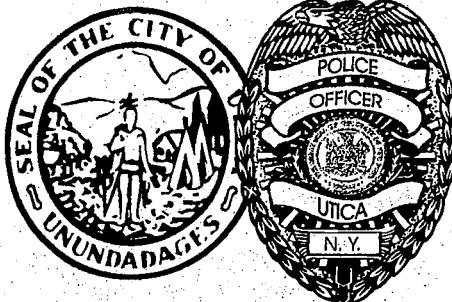
The keen powers of observation and swift pursuit of a dangerous felon enabled Officers Lindsey and Ruddy to bring these criminals to justice. They are a credit and asset to the entire Utica Police Department.

Dated May 31, 2006

  
Chief of Police

# Utica Police Department

UTICA, NEW YORK



## Certificate of Commendation

### HONORABLE SERVICE

Awarded to

SERGEANT DONALD CINQUE  
POLICE OFFICER BRENTON SEAMON  
POLICE OFFICER SHAWN RUDDY

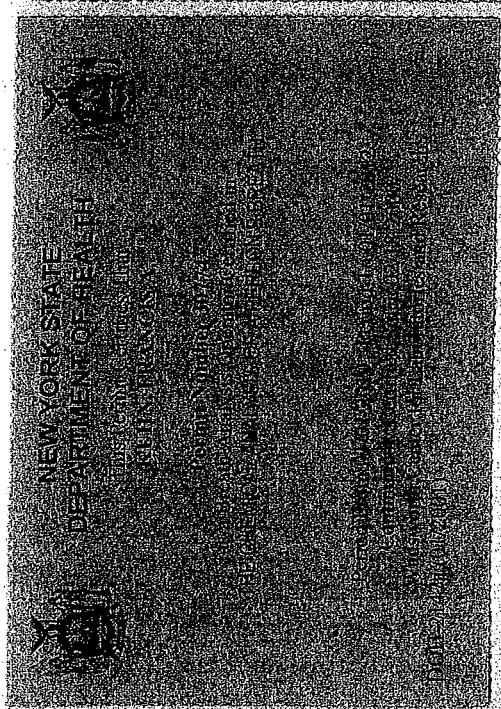
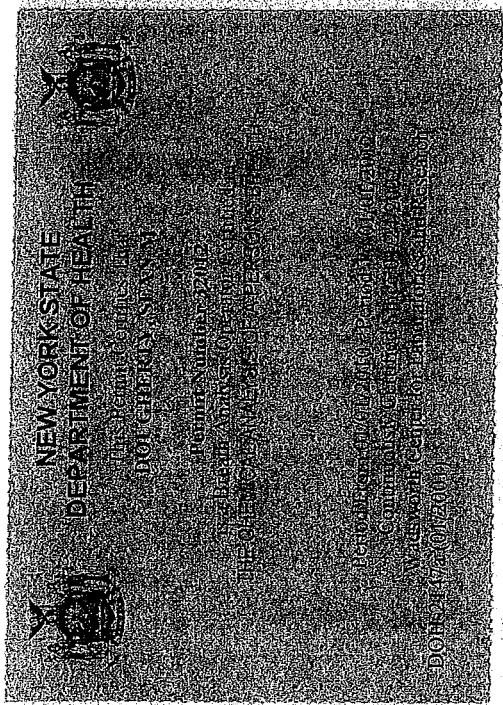
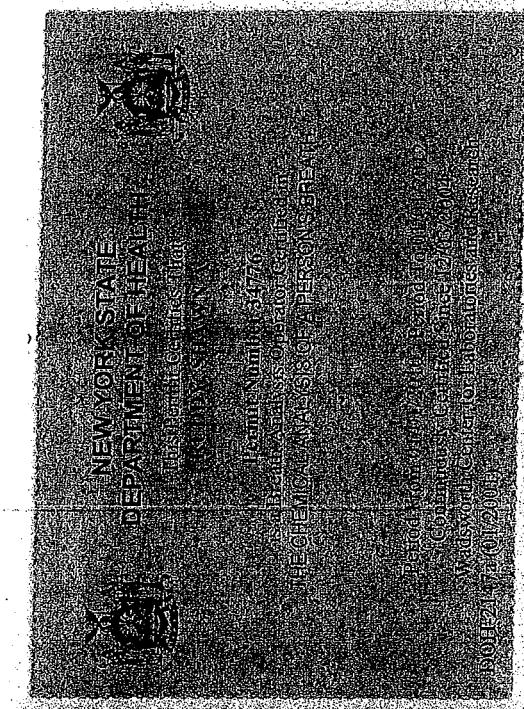
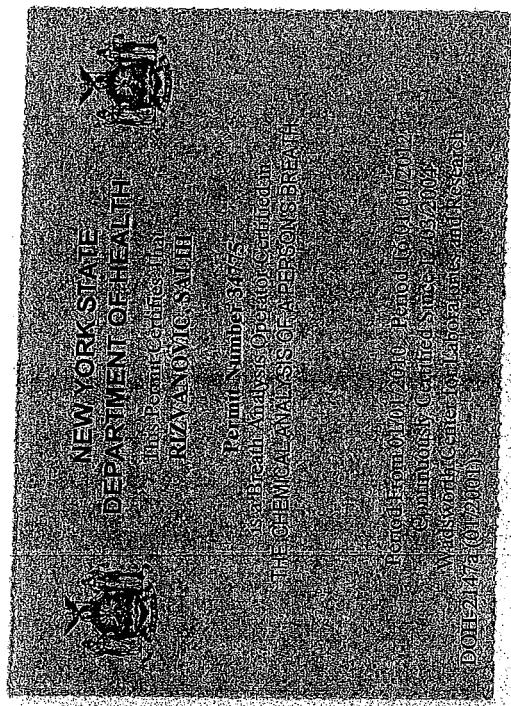
On January 13<sup>th</sup> 2010 at about 5:25 p.m., Officers Brenton Seamon, Shawn Ruddy and Sergeant Donald Cinque were dispatched to 905 Nichols St. for a person armed with a gun. Upon arrival, Seamon and Ruddy were met on the front porch by the victim, who pointed out the female suspect as she was walking downstairs from the second floor. Seamon and Ruddy were then able to take the female suspect into custody without incident.

After questioning the female suspect and the victim, Seamon and Ruddy developed information which lead them to believe that the suspect's gun was upstairs in the second floor apartment. Sergeant Cinque then went upstairs to the second floor apartment where he found the suspect's two young children, who were left unattended and visibly upset in the living room. Sergeant Cinque was able to calm the two young children down and one of them was able to show Sergeant Cinque the location of the gun where it was then secured by the officers. Their actions bring honor to both themselves and the Utica Police Department.

Dated: May 21, 2010

A handwritten signature in black ink, appearing to read "Mark W. Williams".

Mark W. Williams  
Chief of Police



# State of New York

Division of Criminal Justice Services

## Municipal Police Training Council

Hereby Acknowledges and Declares that

**Shawn A. Ruddy**

has successfully completed the

### *Basic Course for Police Officers*

which satisfies the minimum  
criteria established by the  
Municipal Police Training Council

Mohawk Valley Police Academy  
Utica, New York

August 02, 2004 - April 29, 2005

*Chuncey G. Parker*

Chuncey G. Parker  
Director of New York State Criminal Justice  
and Commissioner of Criminal Justice Services

*Ronald G. Spike*

Ronald G. Spike  
Chairman  
Municipal Police Training Council

*James R. DeLapp*

James R. DeLapp  
Deputy Commissioner  
Office of Public Safety

State of New York  
Division of Criminal Justice Services

Hereby Acknowledges and Declares that

*Shawn A. Ruddy*

has attended a

*Highway Drug Interdiction Course*

given under the auspices of  
the

*Mohawk Valley Police Academy  
Utica, New York  
November 22, 2004*

*Chaucery G. Parker*

Chaucery G. Parker  
Director of New York State Criminal Justice  
and Commissioner of Criminal Justice Services

*James R. Delapp*

James R. Delapp  
Deputy Commissioner  
Office of Public Safety

State of New York  
Division of Criminal Justice Services  
**Municipal Police Training Council**

Hereby Acknowledges and Declares that

***Shawn A. Ruddy***

has successfully completed the

**Radar/Lidar Operator Course**

which satisfies the minimum  
criteria established by the  
Municipal Police Training Council

Mohawk Valley Police Academy  
Utica, New York  
December 7-10, 2004

***Chauncey G. Parker***  
Chauncey G. Parker  
Director of New York State Criminal Justice  
and Commissioner of Criminal Justice Services

***Ronald G. Spike***  
Ronald G. Spike  
Chairman  
Municipal Police Training Council

***James R. DeLapp***  
James R. DeLapp  
Deputy Commissioner  
Office of Public Safety

# State of New York

Division of Criminal Justice Services

## Municipal Police Training Council

Hereby Acknowledges and Declares that

***Shawn A. Ruddy***

has successfully completed the  
**Breath Analysis Course**  
which satisfies the minimum  
criteria established by the  
Municipal Police Training Council

**MOHAWK VALLEY POLICE ACADEMY**

*Utica, New York*

*November 29 - December 3, 2004*

***Chauncey G. Parker***

Chauncey G. Parker  
Director of New York State Criminal Justice  
and Commissioner of Criminal Justice Services

***Ronald G. Spike***

Ronald G. Spike  
Chairman  
Municipal Police Training Council

***James R. DeLapp***

James R. DeLapp  
Deputy Commissioner  
Office of Public Safety

# Emergency Management Institute



# FEMA

This Certificate of Achievement is to acknowledge that  
**SHAWN A. RUDDY**

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of this course:

**IS-00700**

**National Incident Management System  
(NIMS) an Introduction**

*Issued this 26th Day of April, 2006*

A handwritten signature of Richard Callis.

**Richard Callis**  
Acting Superintendent  
Emergency Management Institute

0.3 CEU

FEMA Form 16-31, October 05

# Emergency Management Institute



# FEMA

This Certificate of Achievement is to acknowledge that  
**SHAWN A. RUDDY**

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of this course:

**IS-00100**

**Introduction to the Incident Command System,  
(ICS 100)**

*Issued this 26th Day of April, 2006*

A handwritten signature of Richard Callis.

**Richard Callis**  
Acting Superintendent  
Emergency Management Institute

0.3 CEU

FEMA Form 16-31, October 05

# State of New York

## Division of Criminal Justice Services

Hereby Acknowledges and Declares that

***Shawn A. Ruddy***

has attended the

***School Resource Officer Course***

given under the auspices of  
the

***New York State Division of Criminal Justice Services***  
***Syracuse, New York***  
***November 6 - 10, 2006***

***Chauncey G. Parker***

\_\_\_\_\_  
Chauncey G. Parker  
Director of New York State Criminal Justice  
and Commissioner of Criminal Justice Services

***M. Cedric L. Alexander***

\_\_\_\_\_  
Dr. Cedric L. Alexander  
Deputy Commissioner  
Office of Public Safety

# State of New York

## Division of Criminal Justice Services

Hereby Acknowledges and Declares that

***Shawn A. Ruddy***

has attended the

***Courtroom Testimony Training Seminar***

given under the auspices of  
the

**Division of Criminal Justice Services**  
Utica, New York  
**May 7 – 8, 2007**

**Denise E. O'Donnell**  
Denise E. O'Donnell  
Commissioner  
Division of Criminal Justice Services

**M. Cedric L. Alexander**

Dr. Cedric L. Alexander  
Deputy Commissioner  
Office of Public Safety

STATE OF NEW YORK

FIRE TRAINING CERTIFICATE

This is to attest that

**Shawn A. Ruddy**

is hereby awarded this certificate signifying the completion of

Recognizing Clandestine Drug Labs

in the standardized fire training program, totalling 4 hours of instruction.

Attained his date

February 2007

*J. M. Albrecht*  
ACTING STATE FIRE ADMINISTRATOR  
OFFICE OF FIRE PREVENTION AND CONTROL

GOVERNOR  
STATE OF NEW YORK

*Jeanne Conroy*  
SECRETARY OF STATE  
DEPARTMENT OF STATE

STATE FIRE INSTRUCTOR  
OFFICE OF FIRE PREVENTION AND CONTROL

56-8320

STATE OF NEW YORK

FIRE TRAINING CERTIFICATE

This is to attest that

**Shawn A. Ruddy**

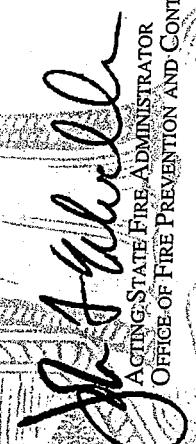
is hereby awarded this certificate signifying the completion of

Hazardous Materials Operations Refresher

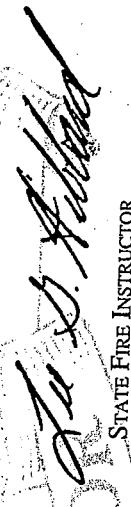
in the standardized fire training program, totalling 4 hours of instruction.

Attained this date

February 2007

  
John G. Mulcahy  
ACTING STATE FIRE ADMINISTRATOR  
OFFICE OF FIRE PREVENTION AND CONTROL

GOVERNOR  
STATE OF NEW YORK

  
John G. Mulcahy  
STATE FIRE INSTRUCTOR  
OFFICE OF FIRE PREVENTION AND CONTROL

  
John G. Mulcahy  
SECRETARY OF STATE  
DEPARTMENT OF STATE

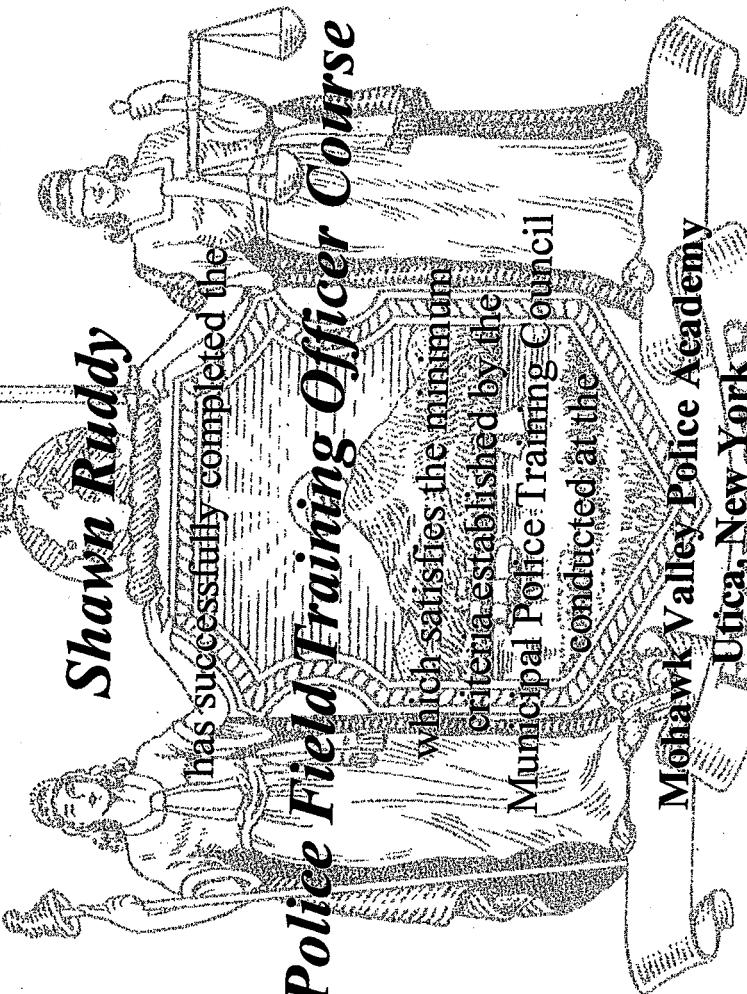
56-83320

# State of New York

Division of Criminal Justice Services

## Municipal Police Training Council

Hereby Acknowledges and Declares that



### *Shawn Ruddy* *Police Field Training Officer Course*

has successfully completed the  
which satisfies the minimum  
criteria established by the  
Municipal Police Training Council  
conducted at the

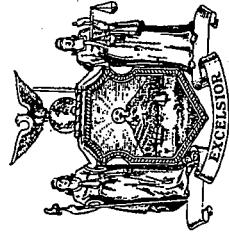
Mohawk Valley Police Academy  
Utica, New York  
February 18-21, 2008

*Denise E. O'Donnell*  
Denise E. O'Donnell  
Commissioner  
Division of Criminal Justice Services

*Thomas Bellmore*  
Thomas Bellmore  
Chairman  
Municipal Police Training Council

*John Bilich*  
John Bilich  
Deputy Commissioner  
Division of Criminal Justice Services

New York State  
Commission of Correction



Albany

New York

This Certifies That  
**Shawn A Ruddy**  
Has satisfactorily completed 8 hours of

**Suicide Prevention/Crisis Intervention**

training sponsored by the New York State  
Commission of Correction and, therefore, is awarded this diploma.  
Given this 7th day of October in the year two thousand four.

Shawn A Ruddy  
Chairman/Commissioner, N.Y.S. Commission of Correction

Donald R. Nader  
Deputy Director of Operations

# State of New York

## Division of Criminal Justice Services

Hereby Acknowledges and Declares that

*Shawn Ruddy*  
*School Violence and Safety Training Seminar*

Has attended the

given under the auspices of  
the

Division of Criminal Justice Services

Pomona, New York

March 12 - 13, 2008

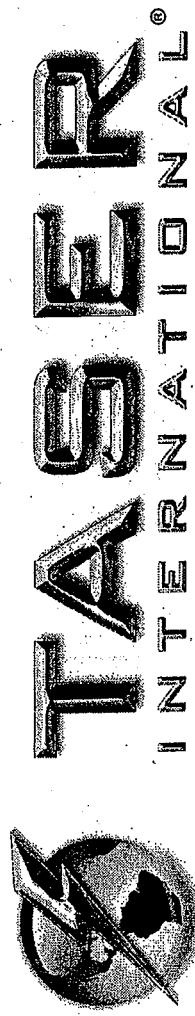
**EXCELSIOR**

*Denise E. O'Donnell*

Denise E. O'Donnell  
Commissioner  
Division of Criminal Justice Services

*John Bilich*

John Bilich  
Deputy Commissioner  
Division of Criminal Justice Services



## TASER® X26 CERTIFICATION

**P.O. Shawn Ruddy**

Certified User

*This Certifies that*

**P.O. Shawn Ruddy**

*is trained in the proper and safe use of the TASER® X26 Electronic Control Device and has passed the requirements of the  
Utica Police Department TASER X26 training program under the supervision of a Certified Instructor.*

*In Witness Whereof, Certified Instructor*

**Sgt. Patrick Dodge**

*has certified the successful completion of the training requirements this day:*

**10/29/07**

*Certified Instructor:*

**Sgt. Patrick Dodge**

*Certified Instructor ID:*

**070808483601412871346C**

# New Mexico Tech

ENERGETIC MATERIALS RESEARCH AND TESTING CENTER

*Shawn A. Ruddy*

Is hereby awarded this certificate and .4 continuing education units  
for successfully completing the 4 hour

Incident Response to Terrorist Bombings  
Awareness Level Training Course

January 30, 2009 - January 30, 2009



Associate Director/Program Manager

# State of New York

## Division of Criminal Justice Services

# Municipal Police Training Council

Hereby Acknowledges and Declares that

*Shawn A. Ruddy*

*Conducted Energy Device Course - Equivalency*

This Certificate Awarded June 30, 2010

at Utica, New York

**EXCELSIOR**

*Thomas Belfiore*  
Chairman  
Municipal Police Training Council

*Tony Perez*  
Deputy Commissioner  
Division of Criminal Justice Services

# State of New York

## Division of Criminal Justice Services

# Municipal Police Training Council

Hereby Acknowledges and Declares that

*Shawn A. Ruddy*

has successfully completed the

*Conducted Energy Device Course - Equivalency*

which satisfies the minimum criteria established by the Municipal Police Training Council

This Certificate Awarded June 16, 2010  
at Utica, New York

*EXCELSIOR*

*Thomas Belfiore*

Thomas Belfiore  
Chairman  
Municipal Police Training Council

*Tony Perez*

Tony Perez  
Deputy Commissioner  
Division of Criminal Justice Services

**Utica Police Department**

Professional Standards

Officer Disciplinary History

Police Officer Shawn A Ruddy [7263/2004000000031]

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**Part I - Personal Information**

---

Name: Police Officer Shawn A Ruddy  
: 2004000000031 Badge No: 7263 Hire Dt: 08/06/2004

Department: Criminal Investigation Division

Bureau: Criminal Investigations

Division: Criminal Investigations

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**Part II - Discipline History**

---

NO DISCIPLINE RECORD

Printed: Jun 30, 2021 07:42 By: Sgt Hiram Rios

## Concise Officer History

Police Officer Shawn A Ruddy [7263/2004000000031]

: 2004000000031 Hire date: Aug 06, 2004  
 Current assignment(s):

Department: Criminal Investigation Division  
 Bureau: Criminal Investigations  
 Division: Criminal Investigations

**Involved Officer:** Use of force  
**Received:** Oct 04, 2018 09:00

**IA No:** UOF2018-0148

**Case No:** RMS 18-41394

Incident disposition/finding: Within Policy  
**Role:** Primary Officer  
**Policy outcome:** Not yet entered

**Involved Officer:** Use of force  
**Received:** Jan 28, 2019 20:33

**IA No:** UOF2019-0016

**Case No:** RMS 19-2352

Incident disposition/finding: Within Policy  
**Policy outcome:** Not yet entered

Use(s) of force              Effective/Not Effective  
 Empty Hand Control            Effective

Service being conducted: Dispute

**Involved Officer:** Use of force  
**Received:** Mar 08, 2019 12:30

**IA No:** UOF2019-0041

**Case No:** RMS 19-8113

Incident disposition/finding: Within Policy  
**Role:** Assisting Officer  
**Policy outcome:** Not yet entered

**Involved Officer:** Use of force  
**Received:** Jun 07, 2019 12:13

**IA No:** UOF2019-0080

**Case No:** RMS 19-20649

Incident disposition/finding: Within Policy  
**Role:** Arresting Officer  
**Policy outcome:** Not yet entered

Use(s) of force              Effective/Not Effective  
 Empty Hand Control           Limited  
 Presence of Authority       NOT effective  
 Verbal Commands              NOT effective  
 Take Down                    Effective

Service being conducted: School Resource Officer

Report summary: totals by incident type:

| Incident type            | Received |
|--------------------------|----------|
| Anonymous                | 0        |
| Background Investigation | 0        |
| Department Discipline    | 0        |
| Discretionary arrest     | 0        |
| Drug test                | 0        |
| E-File                   | 0        |

|                            |   |
|----------------------------|---|
| External/Citizen           | 0 |
| Firearm discharge          | 0 |
| Foil Request               | 0 |
| Forced entry               | 0 |
| Generic incident           | 0 |
| Integrity test             | 0 |
| Internal/Department        | 0 |
| K9 Utilization             | 0 |
| Notice of Claim            | 0 |
| Personnel Complaints       | 0 |
| Show of force              | 0 |
| Soft Hand/Empty hand       | 0 |
| Stop                       | 0 |
| UPD Damaged Prop Car/Equip | 0 |
| Use of force               | 4 |
| Vehicle accident           | 0 |
| Vehicle pursuit            | 0 |
| Total                      | 4 |

Printed: Jun 30, 2021 07:43 By: Sgt Hiram Rios

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>             | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>   |
|------------------|--------------------------|-------------|----------------|--------------|----------------------|---|
| 2013000000065    | November 2013 In Service | In Service  | 0.00           | 8.00         |                      | Infectious Disease Sgt. Shaffer<br>RCIL<br>Use of Force Lt. Brucker |

### Course Schedule

| <u>Schedule</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|------------------------|----------------------|----------------|
|                 | 11/05/2013 08:30       | 11/05/2013 16:30     |                |
|                 | 11/07/2013 08:30       | 11/07/2013 16:30     |                |
|                 | 11/15/2013 08:00       | 11/15/2013 16:00     |                |
|                 | 11/19/2013 08:00       | 11/19/2013 16:00     |                |
|                 | 11/21/2013 08:00       | 11/21/2013 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                    | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>  |
|------------------|---------------------------------|-------------|----------------|--------------|----------------------|--|
| 201300000009     | 2013 Feb In-Service Instruction | In Service  | 0.00           | 8.00         |                      | Legal Updates-Lt Cifonelli and Lt Dodge<br>Corporation Council-Andrew Bourgham<br>Lawman Training-Jeff Foley |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 02/06/2013 08:00       | 02/06/2013 16:00     |                |                        |
|                 |                 | 02/08/2013 08:00       | 02/08/2013 16:00     |                |                        |
|                 |                 | 02/20/2013 08:00       | 02/20/2013 16:00     |                |                        |
|                 |                 | 02/22/2013 08:00       | 02/22/2013 16:00     |                |                        |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>            | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>  |
|------------------|-------------------------|-------------|----------------|--------------|----------------------|--|
| 20130000000002   | 2013 January In-Service | In Service  | 0.00           | 8.00         |                      | Topics:<br>Training Updates<br>Workplace Violence-Trish<br>City Marshall-Tom Allard<br>Domestic Violence-Po Ashley<br>Berger/Inv Sharley |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 01/07/2013 08:00       | 01/07/2013 16:00     |                |
|                 |                 | 01/09/2013 08:00       | 01/09/2013 16:00     |                |
|                 |                 | 01/10/2013 16:00       | 01/10/2013 17:00     |                |
|                 |                 | 01/11/2013 08:00       | 01/11/2013 16:00     |                |
|                 |                 | 01/15/2013 08:00       | 01/15/2013 16:00     |                |
|                 |                 | 01/17/2013 08:00       | 01/17/2013 16:00     |                |
|                 |                 | 01/25/2013 08:00       | 01/25/2013 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>                               | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u>                         | <u>Comments</u>     |
|------------------|--|-------------|----------------|--------------|--|---------------------|
|                  |  | In Service  | 0.00           | 8.00         | <u>Course 1</u>                              | <u>Course 2</u>     |
| 2013000000040    | 2013 June Inservice<br>LRAD/Pursuit Policy |             |                |              | Pursuit Policy-Grande, Berger,<br>Cucharaale | LRAD-Cinque, Berger |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 06/10/2013 08:00       | 06/10/2013 16:00     |                |                        |
|                 |                 | 06/12/2013 08:00       | 06/12/2013 16:00     |                |                        |
|                 |                 | 06/14/2013 08:00       | 06/14/2013 16:00     |                |                        |
|                 |                 | 06/20/2013 08:00       | 06/20/2013 16:00     |                |                        |
|                 |                 | 06/24/2013 08:00       | 06/24/2013 16:00     |                |                        |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>           | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>  |
|------------------|------------------------|-------------|----------------|--------------|----------------------|--|
| 201400000002     | 2014 January InService | In Service  | 0.00           | 8.00         |                      | Work Place Violence- Inv Nicholson<br>Legal Updates- Sgt. Murphy Sgt.<br>Fernald<br>Identification Procedures- Sgt.<br>Fernald |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 01/06/2014 08:00       | 01/06/2014 16:00     |                |
|                 |                 | 01/08/2014 08:00       | 01/08/2014 16:00     |                |
|                 |                 | 01/14/2014 08:00       | 01/14/2014 16:00     |                |
|                 |                 | 01/16/2014 08:00       | 01/16/2014 16:00     |                |
|                 |                 | 01/22/2014 08:00       | 01/22/2014 16:00     |                |
|                 |                 | 01/30/2014 08:00       | 01/30/2014 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

# Training Course Summary

Print Date: June 30, 2021

### Course Information

| <u>Course NO</u> | <u>Title</u>            | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Course 1</u> | <u>Course 2</u> | <u>Comments</u>   |
|------------------|-------------------------|-------------|----------------|--------------|-----------------|-----------------|---|
| 2014000000051    | 2014 November inservice | In Service  | 0.00           | 8.00         |                 |                 | Article 35/Use of Foco- Sgt. Brian Bansner Sgt. Christopher Fanigula Infectious Disease- Sgt. Shaffer Supervisor Training-Performance Eval-Sgt. M. Murphy |

Course Schedule

| <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|------------------------|----------------------|----------------|------------------------|
|                 | 11/04/2014 08:00       | 11/04/2014 16:00     |                |                        |
|                 | 11/06/2014 08:00       | 11/06/2014 08:00     |                |                        |
|                 | 11/12/2014 08:00       | 11/12/2014 16:00     |                |                        |
|                 | 11/14/2014 08:00       | 11/14/2014 16:00     |                |                        |
|                 | 11/20/2014 08:00       | 11/20/2014 16:00     |                |                        |

Instructor

| Instructor | Reserve Date | Course Category | Serial ID | Notes |
|------------|--------------|-----------------|-----------|-------|
|------------|--------------|-----------------|-----------|-------|

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>                 | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>               |
|------------------|------------------------------|-------------|----------------|--------------|----------------------|-------------------------------|
| 2014000000050    | 2014 October InbService EVOC | In Service  | 0.00           | 0.00         | Course 1             | Course 2<br>Homeland Security |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 09/09/2014 08:00       | 09/09/2014 16:00     |                |
|                 |                 | 09/15/2014 08:00       | 09/16/2014 16:00     |                |
|                 |                 | 09/19/2014 08:00       | 09/19/2014 16:00     |                |
|                 |                 | 09/23/2014 08:00       | 09/23/2014 16:00     |                |
|                 |                 | 09/25/2014 08:00       | 09/25/2014 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>          | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> |
|------------------|-----------------------|-------------|----------------|--------------|----------------------|
| 2014000000032    | 2014 TASER in Service | In Service  | 0.00           | 8.00         |                      |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 06/05/2014 08:00       | 06/05/2014 16:00     |                |                        |
|                 |                 | 06/09/2014 08:00       | 06/09/2014 16:00     |                |                        |
|                 |                 | 06/11/2014 08:00       | 06/11/2014 16:00     |                |                        |
|                 |                 | 06/13/2014 08:00       | 06/13/2014 16:00     |                |                        |
|                 |                 | 06/19/2014 08:00       | 06/19/2014 16:00     |                |                        |
|                 |                 | 06/27/2014 08:00       | 06/27/2014 16:00     |                |                        |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                            | <u>Type</u> | <u>Credits</u> | <u>Prerequisites</u> |
|------------------|---|-------------|----------------|----------------------|
|                  |   | In Service  | Hours          | <u>Course 1</u>      |
|                  |   |             | 0.00           | 8.00                 |
| 2016000000007    | 2015 December In-Service-Active Shooter |             |                |                      |

### Course Schedule

| <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|------------------------|----------------------|----------------|------------------------|
|                 | 12/01/2015 08:00       | 12/01/2015 16:00     |                |                        |
|                 | 12/03/2015 08:00       | 12/03/2015 16:00     |                |                        |
|                 | 12/07/2015 08:00       | 12/07/2015 16:00     |                |                        |
|                 | 12/07/2015 08:00       | 12/07/2015 16:00     |                |                        |
|                 | 12/09/2015 08:00       | 12/09/2015 16:00     |                |                        |
|                 | 12/11/2015 08:00       | 12/11/2015 16:00     |                |                        |
|                 | 12/11/2015 08:00       | 12/11/2015 16:00     |                |                        |
|                 | 12/17/2015 08:00       | 12/17/2015 16:00     |                |                        |
|                 | 12/17/2015 08:00       | 12/17/2015 16:00     |                |                        |
|                 | 12/17/2015 08:00       | 12/17/2015 16:00     |                |                        |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>           | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>  |
|------------------|------------------------|-------------|----------------|--------------|----------------------|--|
| 2015000000001    | 2015 january Inservice | In Service  | 0.00           | 8.00         |                      | Domestic Violence/ Workplace<br>Violence Legal Updates |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 01/05/2015 08:00       | 01/05/2015 16:00     |                |
|                 |                 | 01/07/2015 08:00       | 01/07/2015 16:00     |                |
|                 |                 | 01/09/2015 08:00       | 01/09/2015 16:00     |                |
|                 |                 | 01/19/2015 08:00       | 01/19/2015 16:00     |                |
|                 |                 | 01/23/2015 08:00       | 01/23/2015 16:00     |                |
|                 |                 | 01/27/2015 08:00       | 01/27/2015 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>              | <u>Type</u> | <u>Prerequisites</u>        | <u>Comments</u>                              |
|------------------|---------------------------|-------------|-----------------------------|--|
|                  | 2015 May Firearms/Article | In Service  | <u>Credits</u> <u>Hours</u> | <u>Course 1</u> <u>Course 2</u>              |
| 201600000003     | 35 UOF                    |             | 0.00      8.00              | May Fire arms and Use of Force<br>Article 35 |

### Course Schedule

#### Schedule

| <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|------------------------|----------------------|----------------|
|                 | 05/01/2015 08:00       | 05/01/2015 16:00     |                |
|                 | 05/05/2015 08:00       | 03/05/2015 16:00     |                |
|                 | 05/11/2015 08:00       | 05/11/2015 16:00     |                |
|                 | 05/13/2015 08:00       | 05/13/2015 16:00     |                |
|                 | 05/15/2015 08:00       | 05/15/2015 16:00     |                |
|                 | 05/19/2015 08:00       | 05/19/2015 16:00     |                |
|                 | 05/21/2015 08:00       | 05/21/2015 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>                    | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|---------------------------------|-------------|----------------|--------------|----------------------|-----------------|
|                  |                                 | In Service  | 0.00           | 8.00         | Course 1<br>Course 2 |                 |
| 2016000000004    | 2015 September Body worn camera |             |                |              |                      |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 09/04/2015 08:00       | 09/04/2015 16:00     |                |
|                 |                 | 09/08/2015 08:00       | 09/08/2015 16:00     |                |
|                 |                 | 09/14/2015 08:00       | 09/14/2015 16:00     |                |
|                 |                 | 09/22/2015 08:00       | 09/22/2015 16:00     |                |
|                 |                 | 09/24/2015 08:00       | 09/24/2015 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>        | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|---------------------|-------------|----------------|--------------|----------------------|-----------------|
| 2016000000031    | 2016 Active Shooter | In Service  | 0.00           | 8.00         |                      |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 04/05/2016 08:00       | 04/05/2016 16:00     |                |
|                 |                 | 04/07/2016 08:00       | 04/07/2016 16:00     |                |
|                 |                 | 04/11/2016 08:00       | 04/11/2016 16:00     |                |
|                 |                 | 04/13/2016 08:00       | 04/13/2016 16:00     |                |
|                 |                 | 04/15/2016 08:00       | 04/15/2016 16:00     |                |
|                 |                 | 04/21/2016 08:00       | 04/21/2016 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>            | <u>Type</u> | <u>Prerequisites</u>   | <u>Comments</u>         |
|------------------|-------------------------|-------------|--|-------------------------|
| 2017000000004    | 2016 December Inservice | In Service  | Credits<br>0.00<br>Hours<br>8.00<br><u>Course 1</u><br><u>Course 2</u> | Active Shooter Training |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 12/05/2016 08:00       | 12/05/2016 16:00     |                |
|                 |                 | 12/05/2016 08:00       | 12/05/2016 16:00     |                |
|                 |                 | 12/07/2016 08:00       | 12/07/2016 16:00     |                |
|                 |                 | 12/07/2016 08:00       | 12/07/2016 16:00     |                |
|                 |                 | 12/09/2016 08:00       | 12/09/2016 16:00     |                |
|                 |                 | 12/15/2016 08:00       | 12/15/2016 16:00     |                |
|                 |                 | 12/19/2016 08:00       | 12/19/2016 16:00     |                |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                                      | <u>Type</u> | <u>Prerequisites</u>            | <u>Comments</u>   |
|------------------|---|-------------|---------------------------------|---|
|                  | 2016 January In Service Workplace Violanve/Sexual | In Service  | Credits Hours Course 1 Course 2 |   |
|                  |   |             | 0.00 8.00                       | Domestic Violence-Legal<br>Updates-JAU updates-Debour<br>Doctrine-Work placce violence /Sexual harassment |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 01/06/2016 08:00       | 01/06/2016 16:00     |                |                        |
|                 |                 | 01/06/2016 08:00       | 01/06/2016 16:00     |                |                        |
|                 |                 | 01/06/2016 08:00       | 01/06/2016 16:00     |                |                        |
|                 |                 | 01/08/2016 08:00       | 01/08/2016 16:00     |                |                        |
|                 |                 | 01/08/2016 08:00       | 01/08/2016 16:00     |                |                        |
|                 |                 | 01/08/2016 08:00       | 01/08/2016 16:00     |                |                        |
|                 |                 | 01/14/2016 08:00       | 01/14/2016 16:00     |                |                        |
|                 |                 | 01/14/2016 08:00       | 01/14/2016 16:00     |                |                        |
|                 |                 | 01/18/2016 08:00       | 01/18/2016 16:00     |                |                        |
|                 |                 | 01/18/2016 08:00       | 01/18/2016 16:00     |                |                        |
|                 |                 | 01/18/2016 08:00       | 01/18/2016 16:00     |                |                        |
|                 |                 | 01/22/2016 08:00       | 01/22/2016 16:00     |                |                        |
|                 |                 | 01/22/2016 08:00       | 01/22/2016 16:00     |                |                        |
|                 |                 | 01/22/2016 08:00       | 01/22/2016 16:00     |                |                        |
|                 |                 | 01/28/2016 08:00       | 01/28/2016 16:00     |                |                        |
|                 |                 | 01/28/2016 08:00       | 01/28/2016 16:00     |                |                        |
|                 |                 | 01/28/2016 08:00       | 01/28/2016 16:00     |                |                        |

Print Date: June 30, 2021

## Training Course Summary

| Instructor | Reserve Date | Course Category | Serial ID | Notes |
|------------|--------------|-----------------|-----------|-------|
|------------|--------------|-----------------|-----------|-------|

### Course Information

| Course No     | Title                  | Type       | Prerequisites |       |          | Comments |   |
|---------------|------------------------|------------|---------------|-------|----------|----------|---|
|               |                        |            | Credits       | Hours | Course 1 | Course 2 |   |
| 2017000000005 | 2016 October Inservice | In Service | 0.00          | 0.00  |          |          | Use of Force / Legal Updates / Infectious Disease / Performance Evaluation Training for Supervisors |

### Course Schedule

| Schedule | Class ID | Start Date/Time  | End Date/Time    | Company | Course Location |
|----------|----------|------------------|------------------|---------|-----------------|
|          |          | 10/04/2016 08:00 | 10/04/2016 16:00 |         | --              |
|          |          | 10/14/2016 08:00 | 10/14/2016 16:00 |         | --              |
|          |          | 10/18/2016 08:00 | 10/18/2016 16:00 |         | --              |
|          |          | 10/20/2016 08:00 | 10/20/2016 16:00 |         | --              |
|          |          | 10/24/2016 08:00 | 10/24/2016 16:00 |         | --              |
|          |          | 10/28/2016 08:00 | 10/28/2016 16:00 |         | --              |

### Instructor

| Instructor | Reserve Date | Course Category | Serial ID | Notes |
|------------|--------------|-----------------|-----------|-------|
|------------|--------------|-----------------|-----------|-------|

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>         | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|----------------------|-------------|----------------|--------------|----------------------|-----------------|
| 201600000030     | 2016 TASER InService | In Service  | 0.00           | 8.00         |                      |                 |

### Course Schedule

#### Schedule

| <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|------------------------|----------------------|----------------|
|                 | 02/05/2016 08:00       | 02/05/2016 16:00     |                |
|                 | 02/09/2016 08:00       | 02/09/2016 16:00     |                |
|                 | 02/15/2016 08:00       | 02/15/2016 16:00     |                |
|                 | 02/17/2016 08:00       | 02/17/2016 16:00     |                |
|                 | 02/19/2016 08:00       | 02/19/2016 16:00     |                |
|                 | 02/25/2016 08:00       | 02/25/2016 16:00     |                |

#### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>                           | <u>Type</u> | <u>Prerequisites</u>        | <u>Comments</u>                              |
|------------------|--|-------------|-----------------------------|--|
|                  |  | In Service  | <u>Credits</u> <u>Hours</u> | <u>Course 1</u> <u>Course 2</u>              |
| 2018000000002    | 2017 December Inservice/Active Shooter |             | 0.00    8.00                | Training conducted at DHS by Inv Joe Amerosa |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 12/04/2017 08:00       | 12/04/2017 16:00     |                |
|                 |                 | 12/06/2017 08:00       | 12/06/2017 16:00     |                |
|                 |                 | 12/08/2017 08:00       | 12/08/2017 16:00     |                |
|                 |                 | 12/12/2017 08:00       | 12/12/2017 16:00     |                |
|                 |                 | 12/14/2017 08:00       | 12/14/2017 16:00     |                |
|                 |                 | 12/22/2017 08:00       | 12/22/2017 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>            | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>   |
|------------------|-------------------------|-------------|----------------|--------------|----------------------|---|
| 2017000000007    | 2017 January In-Service | In Service  | 0.00           | 8.00         |                      | Arrest Diversion/ DV/ NARCO/<br>Workplace Violence/Sexual<br>Harassment/City Court Procedures |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 01/20/2017 08:00       | 01/20/2017 16:00     |                |                        |
|                 |                 | 01/24/2017 08:00       | 01/24/2017 16:00     |                |                        |
|                 |                 | 01/26/2017 08:00       | 01/26/2017 16:00     |                |                        |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                         | <u>Type</u>                                    | <u>Prerequisites</u>                       |
|------------------|--------------------------------------|--|--|
|                  | 2017 September in-service In Service | Credits      Hours      Course 1      Course 2 | <u>Comments</u>                            |
| 2017000000087    | Fall Firearms                        | 0.00      8.00                                 | in-service Night fire and tactical course. |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 09/07/2017 14:00       | 09/07/2017 22:00     |                |
|                 |                 | 09/11/2017 14:00       | 09/11/2017 22:00     |                |
|                 |                 | 09/13/2017 14:00       | 09/13/2017 22:00     |                |
|                 |                 | 09/15/2017 14:00       | 09/15/2017 22:00     |                |
|                 |                 | 09/21/2017 14:00       | 09/21/2017 16:00     |                |
|                 |                 | 09/29/2017 14:00       | 09/29/2017 22:00     |                |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>               | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>  |
|------------------|----------------------------|-------------|----------------|--------------|----------------------|--|
| 2018000000036    | 2018 April In Service/EVOC | In Service  | 0.00           | 8.00         |                      | EVOCS Instructors: Geddes, Berger, Howe, Grande, Acquaviva |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 04/09/2018 08:00       | 04/09/2018 16:00     |                |
|                 |                 | 04/17/2018 08:00       | 04/17/2018 16:00     |                |
|                 |                 | 04/19/2018 08:00       | 04/19/2018 16:00     |                |
|                 |                 | 04/23/2018 08:00       | 04/23/2018 16:00     |                |
|                 |                 | 04/25/2018 08:00       | 04/25/2018 16:00     |                |
|                 |                 | 04/27/2018 08:00       | 04/27/2018 16:00     |                |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>            | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>             |
|------------------|-------------------------|-------------|----------------|--------------|----------------------|-----------------------------|
| 2019000000005    | 2018 December Inservice | In Service  | 0.00           | 8.00         |                      | Active Shooter/ Inv Amerosa |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 12/03/2018 08:00       | 12/03/2018 16:00     |                |                        |
|                 |                 | 12/07/2018 08:00       | 12/07/2018 16:00     |                |                        |
|                 |                 | 12/11/2018 08:00       | 12/11/2018 16:00     |                |                        |
|                 |                 | 12/17/2018 08:00       | 12/17/2018 16:00     |                |                        |
|                 |                 | 12/19/2018 08:00       | 12/19/2018 16:00     |                |                        |
|                 |                 | 12/21/2018 08:00       | 12/21/2018 16:00     |                |                        |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>             | <u>Type</u> | <u>Prerequisites</u>  |
|------------------|--------------------------|-------------|---|
| 20180000000009   | 2018 February In-Service | In Service  | <u>Credits</u> <u>Hours</u> <u>Course 1</u> <u>Course 2</u> |
|                  |                          |             | 0.00      0.00  |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 02/02/2018 08:00       | 02/02/2018 16:00     |                |
|                 |                 | 02/06/2018 08:00       | 02/06/2018 16:00     |                |
|                 |                 | 02/08/2018 08:00       | 02/08/2018 16:00     |                |
|                 |                 | 02/12/2018 08:00       | 02/12/2018 16:00     |                |
|                 |                 | 02/16/2018 08:00       | 02/16/2018 16:00     |                |
|                 |                 | 02/22/2018 08:00       | 02/22/2018 16:00     |                |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>             | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>        |
|------------------|--------------------------|-------------|----------------|--------------|----------------------|------------------------|
| 2019000000004    | 2018 September Inservice | In Service  | 0.00           | 0.00         |                      | Firearms / Inv Amerosa |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 09/10/2018 08:00       | 09/10/2018 16:00     |                |                        |
|                 |                 | 09/14/2018 08:00       | 09/14/2018 16:00     |                |                        |
|                 |                 | 09/18/2018 08:00       | 09/18/2018 16:00     |                |                        |
|                 |                 | 09/20/2018 08:00       | 09/20/2018 16:00     |                |                        |
|                 |                 | 09/24/2018 08:00       | 09/24/2018 16:00     |                |                        |
|                 |                 | 09/28/2018 08:00       | 09/28/2018 16:00     |                |                        |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>       | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>                                   |
|------------------|--------------------|-------------|----------------|--------------|----------------------|---|
| 2019000000007    | 2019 Feb Inservice | In Service  | 0.00           | 8.00         |                      | Legal Updates/ Alcohol awareness/<br>EAP services |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 02/05/2019 08:00       | 02/05/2019 16:00     |                |
|                 |                 | 02/07/2019 08:00       | 02/07/2019 16:00     |                |
|                 |                 | 02/11/2019 08:00       | 02/11/2019 16:00     |                |
|                 |                 | 02/15/2019 08:00       | 02/15/2019 16:00     |                |
|                 |                 | 02/19/2019 08:00       | 02/19/2019 16:00     |                |
|                 |                 | 02/25/2019 08:00       | 02/25/2019 16:00     |                |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>           | <u>Type</u> | <u>Prerequisites</u> | <u>Credits</u> | <u>Hours</u> | <u>Course 1</u> | <u>Course 2</u> | <u>Comments</u>  |
|------------------|------------------------|-------------|----------------------|----------------|--------------|-----------------|-----------------|--|
| 201900000003     | 2019 January Inservice | In Service  |                      | 0.00           | 8.00         |                 |                 | Infectious Disease (Phil Taurisano<br>UFD)/Use of Force( LT Holt/ DV/Nork<br>place violence/Sexual Harassment<br>(PO Jess Dodge) |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 01/08/2019 08:00       | 01/08/2019 16:00     |                |                        |
|                 |                 | 01/10/2019 08:00       | 01/10/2019 16:00     |                |                        |
|                 |                 | 01/14/2019 08:00       | 01/14/2019 16:00     |                |                        |
|                 |                 | 01/16/2019 08:00       | 01/16/2019 16:00     |                |                        |
|                 |                 | 01/18/2019 08:00       | 01/18/2019 16:00     |                |                        |
|                 |                 | 01/24/2019 08:00       | 01/24/2019 16:00     |                |                        |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|---------------------|------------------------|------------------|--------------|

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>                |
|------------------|-----------------------------|-------------|----------------|--------------|----------------------|--------------------------------|
| 2019000000031    | 2019 May Inservice Firearms | In Service  | 0.00           | 8.00         |                      | Lead Instructor   Inv. Amerosa |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 05/06/2019 05:00       | 05/06/2019 13:00     |                |
|                 |                 | 05/08/2019 05:00       | 05/08/2019 13:00     |                |
|                 |                 | 05/10/2019 05:00       | 05/10/2019 13:00     |                |
|                 |                 | 05/16/2019 05:00       | 05/16/2019 13:00     |                |
|                 |                 | 05/20/2019 05:00       | 05/20/2019 13:00     |                |
|                 |                 | 05/24/2019 05:00       | 05/24/2019 13:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                             | <u>Type</u> | <u>Prerequisites</u> | <u>Credits</u> | <u>Hours</u> | <u>Course 1</u> | <u>Course 2</u> | <u>Comments</u>   |
|------------------|--|-------------|----------------------|----------------|--------------|-----------------|-----------------|---|
| 2019000000050    | 2019 November inservice<br>defensive Tac | In Service  |                      | 0.00           | 8.00         |                 |                 | Defensive tactics/ CIT/Sexual<br>Harassment / Critical Incident and<br>continuity / Supervisor performance<br>Eval training |

### Course Schedule

| <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|------------------------|----------------------|----------------|
|                 | 11/04/2019 08:00       | 11/04/2019 16:00     |                |
|                 | 11/08/2019 08:00       | 11/08/2019 16:00     |                |
|                 | 11/12/2019 08:00       | 11/12/2019 16:00     |                |
|                 | 11/14/2019 08:00       | 11/14/2019 16:00     |                |
|                 | 11/18/2019 08:00       | 11/18/2019 16:00     |                |
|                 | 11/22/2019 08:00       | 11/22/2019 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>             | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Course 1</u> | <u>Course 2</u> | <u>Comments</u>   |
|------------------|--------------------------|-------------|----------------|--------------|-----------------|-----------------|---|
| 2020000000002    | 2020 February in-service | In Service  | 0.00           | 8.00         |                 |                 | CPR recent/ DV/ Workplace<br>Violence/Sexual Harassment |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 02/04/2020 08:00       | 02/04/2020 16:00     |                |
|                 |                 | 02/10/2020 08:00       | 02/10/2020 16:00     |                |
|                 |                 | 02/12/2020 08:00       | 02/12/2020 16:00     |                |
|                 |                 | 02/20/2020 08:00       | 02/20/2020 16:00     |                |
|                 |                 | 02/24/2020 08:00       | 02/24/2020 16:00     |                |
|                 |                 | 02/26/2020 08:00       | 02/26/2020 16:00     |                |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>           | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>           |
|------------------|------------------------|-------------|----------------|--------------|----------------------|---------------------------|
| 2020000000001    | 2020 January inservice | In Service  | 0.00           | 8.00         |                      | Discovery/Bail reform/UOF |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 01/07/2020 08:00       | 01/07/2020 16:00     |                |                        |
|                 |                 | 01/13/2020 08:00       | 01/13/2020 16:00     |                |                        |
|                 |                 | 01/15/2020 08:00       | 01/15/2020 16:00     |                |                        |
|                 |                 | 01/21/2020 08:00       | 01/21/2020 16:00     |                |                        |
|                 |                 | 01/23/2020 08:00       | 01/23/2020 16:00     |                |                        |
|                 |                 | 01/29/2020 08:00       | 01/29/2020 16:00     |                |                        |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>             | <u>Type</u> | <u>Credits</u> | <u>Prerequisites</u> |
|------------------|--------------------------|-------------|----------------|----------------------|
|                  |                          | In Service  | Hours          | Course 1             |
| 201100000002     | Active Shooter - Laser 1 |             | 0.00           | 8.00                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 02/07/2011 08:00       | 02/07/2011 16:00     |                |                        |
|                 |                 | 02/09/2011 08:00       | 02/09/2011 16:00     |                |                        |
|                 |                 | 02/15/2011 08:00       | 02/15/2011 16:00     |                |                        |
|                 |                 | 02/17/2011 08:00       | 02/17/2011 16:00     |                |                        |
|                 |                 | 02/23/2011 08:00       | 02/23/2011 16:00     |                |                        |
|                 |                 | 02/25/2011 08:00       | 02/25/2011 16:00     |                |                        |

| <u>Instructor</u>        | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|--------------------------|---------------------|------------------------|------------------|--------------|
| Employee: Hauck, Michael |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>                  | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>                |
|------------------|-------------------------------|-------------|----------------|--------------|----------------------|--------------------------------|
|                  | Aggravated Harrassment Update | In Service  | 0.00           | 0.15         | <u>Course 1</u>      | <u>Course 2</u>                |
| 2014000000039    |                               |             |                |              |                      | August 2014 Roll call training |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 08/04/2014 07:45       | 08/04/2014 07:59     |                |
|                 |                 | 08/10/2014 08:00       | 08/10/2014 16:00     |                |
|                 |                 | 08/12/2014 11:45       | 08/12/2014 11:59     |                |
|                 |                 | 08/13/2014 11:45       | 08/13/2014 11:59     |                |
|                 |                 | 08/17/2014 11:45       | 08/17/2014 11:59     |                |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>        | <u>Type</u>     | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|---------------------|-----------------|----------------|--------------|----------------------|-----------------|
| 2011000000059    | April - Taser Reset | Recertification | 0.00           | 4.00         |                      |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 04/04/2011 12:00       | 04/04/2011 04:00     |                |                        |
|                 |                 | 04/06/2011 12:00       | 04/06/2011 16:00     |                |                        |
|                 |                 | 04/08/2011 12:00       | 04/08/2011 16:00     |                |                        |
|                 |                 | 04/12/2011 12:00       | 04/12/2011 16:00     |                |                        |
|                 |                 | 04/14/2011 12:00       | 04/14/2011 16:00     |                |                        |
|                 |                 | 04/22/2011 12:00       | 04/22/2011 16:00     |                |                        |

### Instructor

Employee: Hauck, Michael

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>            | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|-------------------------|-------------|----------------|--------------|----------------------|-----------------|
| 2011000000063    | April 2011 - In-Service | In Service  | 0.00           | 8.00         |                      |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 05/01/2011 15:45       | 05/01/2011 16:00     |                |                        |
|                 |                 | 05/02/2011 15:45       | 05/02/2011 16:00     |                |                        |
|                 |                 | 05/04/2011 15:45       | 05/04/2011 16:00     |                |                        |
|                 |                 | 05/07/2011 15:45       | 05/07/2011 16:00     |                |                        |
|                 |                 | 05/27/2011 07:45       | 05/27/2011 08:00     |                |                        |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>         | <u>Type</u> | <u>Prerequisites</u>  |
|------------------|----------------------|-------------|---|
|                  |                      | In Service  | <u>Credits</u> <u>Hours</u> <u>Course 1</u> <u>Course 2</u>                     |
| 2012000000023    | April 2012 Inservice |             | 0.00    8.00  |
|                  |                      |             | TASER 4 hours Lt. Dodge<br>JCTOD tour 1 hour<br>Rescue Mission tour 1 1/2 hours |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 04/10/2012 08:00       | 04/10/2012 16:00     |                |                        |
|                 |                 | 04/12/2012 08:00       | 04/12/2012 16:00     |                |                        |
|                 |                 | 04/16/2012 08:00       | 04/16/2012 16:00     |                |                        |
|                 |                 | 04/18/2012 08:00       | 04/18/2012 16:00     |                |                        |
|                 |                 | 04/20/2012 08:00       | 04/20/2012 16:00     |                |                        |
|                 |                 | 04/26/2012 08:00       | 04/26/2012 16:00     |                |                        |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                    | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>                           |
|------------------|---------------------------------|-------------|----------------|--------------|----------------------|---|
| 2015000000023    | April 2015 Inservice-CPL Review | In Service  | 0.00           | 8.00         |                      | Presented by the Oneida County D's Office |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 04/07/2015 08:00       | 04/07/2015 16:00     |                |
|                 |                 | 04/09/2015 08:00       | 04/09/2015 16:00     |                |
|                 |                 | 04/13/2015 08:00       | 04/13/2015 16:00     |                |
|                 |                 | 04/15/2015 08:00       | 04/15/2015 16:00     |                |
|                 |                 | 04/17/2015 08:00       | 04/17/2015 16:00     |                |
|                 |                 | 04/23/2015 08:00       | 04/23/2015 16:00     |                |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                      | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|-----------------------------------|-------------|----------------|--------------|----------------------|-----------------|
| 2021000000010    | April 2021 Inservice:<br>TASER/DV | In Service  | 0.00           | 8.00         |                      |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 04/05/2021 08:00       | 04/05/2021 16:00     |                |                        |
|                 |                 | 04/09/2021 08:00       | 04/09/2021 16:00     |                |                        |
|                 |                 | 04/13/2021 08:00       | 04/13/2021 16:00     |                |                        |
|                 |                 | 04/14/2021 08:00       | 04/14/2021 16:00     |                |                        |
|                 |                 | 04/19/2021 08:00       | 04/19/2021 16:00     |                |                        |
|                 |                 | 04/29/2021 08:00       | 04/29/2021 16:00     |                |                        |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>     | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>   |
|------------------|------------------|-------------|----------------|--------------|----------------------|---|
|                  |                  | In Service  |                |              | <u>Course 1</u>      | <u>Course 2</u>   |
| 20100000000017   | April In Service |             | 0.00           | 8.00         |                      | Training was held covering Dealing with Developmentally Disabled Persons (Upstate Cerebral Palsey) - Motorcycle Laws Enforcement (P/O DeAngelo) - DWI/SFST Refresher (P/O DeAngelo) |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 04/13/2010 08:30       | 04/13/2010 16:00     |                |
|                 |                 | 04/19/2010 08:30       | 04/19/2010 16:00     |                |
|                 |                 | 04/21/2010 08:30       | 04/21/2010 16:00     |                |
|                 |                 | 04/23/2010 08:30       | 04/23/2010 16:00     |                |
|                 |                 | 04/27/2010 08:30       | 04/27/2010 16:00     |                |
|                 |                 | 04/29/2010 08:30       | 04/29/2010 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                     | <u>Type</u> | <u>Credits</u> | <u>Prerequisites</u> |
|------------------|----------------------------------|-------------|----------------|----------------------|
|                  |                                  | In Service  | 0.00           | Course 1<br>4.00     |
| 2011000000058    | April In-service - Legal Updates |             |                |                      |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 04/04/2011 08:00       | 04/04/2011 12:00     |                |
|                 |                 | 04/06/2011 08:00       | 04/06/2011 12:00     |                |
|                 |                 | 04/08/2011 08:00       | 04/08/2011 12:00     |                |
|                 |                 | 04/12/2011 08:00       | 04/12/2011 12:00     |                |
|                 |                 | 04/14/2011 08:00       | 04/14/2011 12:00     |                |
|                 |                 | 04/22/2011 08:00       | 04/22/2011 12:00     |                |

### Instructor

Employee: Dodge, Patrick  
Employee: Cifonelli, Scott

### Reserve Date

### Course Category

### Serial ID

### Notes

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>           | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>   |
|------------------|------------------------|-------------|----------------|--------------|----------------------|---|
| 2013000000039    | April In-Service Taser | In Service  | 0.00           | 8.00         |                      | April In-Service Taught by Lt Dodge,<br>Sgt. Berger, Deputy Lapant Dept<br>Stockhauser. |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u>  | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|------------------|------------------------|----------------------|----------------|
|                 | 04/09/2013 08:00 | 04/09/2013 16:00       |                      |                |
|                 | 04/15/2013 08:00 | 04/15/2013 16:00       |                      |                |
|                 | 04/17/2013 08:00 | 04/17/2013 16:00       |                      |                |
|                 | 04/19/2013 08:00 | 04/19/2013 16:00       |                      |                |
|                 | 04/23/2013 08:00 | 04/23/2013 16:00       |                      |                |
|                 | 04/25/2013 08:00 | 04/25/2013 16:00       |                      |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>          | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Course 1</u> | <u>Course 2</u> | <u>Comments</u>   |
|------------------|-----------------------|-------------|----------------|--------------|-----------------|-----------------|---|
| 2017000000067    | August 2017 Inservice | In Service  | 0.00           | 8.00         |                 |                 | Legal Updates/Infectious disease/Supervisor training/CPTED/Pursuit Policy |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 08/08/2017 08:00       | 08/08/2017 16:00     |                |                        |
|                 |                 | 08/14/2017 08:00       | 08/14/2017 16:00     |                |                        |
|                 |                 | 08/16/2017 08:00       | 08/16/2017 16:00     |                |                        |
|                 |                 | 08/18/2017 08:00       | 08/18/2017 16:00     |                |                        |
|                 |                 | 08/22/2017 08:00       | 08/22/2017 16:00     |                |                        |
|                 |                 | 08/24/2017 08:00       | 08/24/2017 16:00     |                |                        |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

### Course Information

| <u>Course NO</u> | <u>Title</u>                     | <u>Type</u>                    | <u>Credits</u> | <u>Hours</u> | <u>Course 1</u> | <u>Course 2</u> | <u>Comments</u> |
|------------------|----------------------------------|--------------------------------|----------------|--------------|-----------------|-----------------|-----------------|
| 201600000002     | Background Investigation Webinar | Other Outside agency sponsored | 0.00           | 2.00         |                 |                 |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 01/08/2016 13:00       | 01/08/2016 15:00     |                |                        |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                                | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Course 1</u> | <u>Course 2</u> | <u>Comments</u> |
|------------------|---|-------------|----------------|--------------|-----------------|-----------------|-----------------|
| 20100000000038   | Blood Bound, On-Duty Injuries & Verbal Judo | In Service  | 0.00           | 0.00         |                 |                 |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 09/14/2010 08:00       | 09/14/2010 16:00     |                |                        |
|                 |                 | 09/16/2010 08:00       | 09/16/2010 16:00     |                |                        |
|                 |                 | 09/20/2010 08:00       | 09/20/2010 16:00     |                |                        |
|                 |                 | 09/22/2010 08:00       | 09/22/2010 16:00     |                |                        |
|                 |                 | 09/24/2010 08:00       | 09/24/2010 16:00     |                |                        |
|                 |                 | 09/30/2010 08:00       | 09/30/2010 16:00     |                |                        |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

### Course Information

| <u>Course NO</u> | <u>Title</u> | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Course 1</u> | <u>Course 2</u> | <u>Comments</u> |
|------------------|--------------|-------------|----------------|--------------|-----------------|-----------------|-----------------|
| 2011000000003    | CEVO 11      | In Service  | 0.00           | 4.00         |                 |                 |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 10/01/2010 08:00       | 10/31/2010 16:00     |                |                        |

Instructor Person: BRADY, THOMAS

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u> | <u>Type</u>                    | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|--------------|--------------------------------|----------------|--------------|----------------------|-----------------|
| 2015000000031    | CVSA         | Other Outside agency sponsored | 0.00           | 40.00        |                      |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 06/01/2015 08:00       | 06/05/2015 16:00     |                |                        |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

### Course Information

| <u>Course NO</u> | <u>Title</u>      | <u>Type</u>                    | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|-------------------|--------------------------------|----------------|--------------|----------------------|-----------------|
| 2020000000028    | CVSA Voice Stress | Other Outside agency sponsored | 0.00           | 24.00        |                      |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 07/13/2020 08:00       | 07/17/2020 16:00     |                |                        |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>                                  | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Course 1</u> | <u>Course 2</u> | <u>Comments</u> |
|------------------|---|-------------|----------------|--------------|-----------------|-----------------|-----------------|
| 2011000000051    | December 2010 -Roll call -<br>Bail Procedures | In Service  | 0.00           | 0.00         |                 |                 |                 |

### Course Schedule

| <u>Schedule</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|------------------------|----------------------|----------------|
|                 | 12/01/2010 08:00       | 12/31/2010 08:15     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>            | <u>Type</u> | <u>Prerequisites</u> | <u>Credits</u> | <u>Hours</u> | <u>Course 1</u> | <u>Course 2</u> | <u>Comments</u>  |
|------------------|-------------------------|-------------|----------------------|----------------|--------------|-----------------|-----------------|--|
| 2011000000131    | December 2011 Inservice | In Service  |                      | 0.00           | 0.00         |                 |                 | DRE and Designer Drugs= Officer<br>Nash and Berger<br>EJustice/Portal Training= Officers<br>Foley and Taurisano<br>RMS= Officer Fitzgerald |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 12/06/2011 08:00       | 12/06/2011 16:00     |                |
|                 |                 | 12/08/2011 08:00       | 12/08/2011 16:00     |                |
|                 |                 | 12/12/2011 08:00       | 12/12/2011 16:00     |                |
|                 |                 | 12/14/2011 08:00       | 12/14/2011 16:00     |                |
|                 |                 | 12/16/2011 08:00       | 12/16/2011 16:00     |                |
|                 |                 | 12/22/2011 08:00       | 12/22/2011 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>                     | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|----------------------------------|-------------|----------------|--------------|----------------------|-----------------|
|                  |                                  | In Service  |                |              | <u>Course 1</u>      | <u>Course 2</u> |
| 2012000000002    | December 2011 Roll-call training |             | 0.00           | 0.00         |                      | EDP/MCAT/MHL    |

Singe received rollcall training when he returned from his injury in February 2012  
West received rollcall training when he returned from leave in January/February 2012

### Course Schedule

Print Date: June 30, 2021

## Training Course Summary

| <u>Schedule</u>   | <u>Class ID</u>  | <u>Start Date/Time</u> | <u>End Date/Time</u>   | <u>Company</u>   | <u>Course Location</u> |
|-------------------|------------------|------------------------|------------------------|------------------|------------------------|
|                   | 12/03/2011 08:00 |                        | 12/03/2011 08:15       |                  |                        |
|                   | 12/04/2011 08:00 |                        | 12/04/2011 08:15       |                  |                        |
|                   | 12/05/2011 08:00 |                        | 12/05/2011 08:15       |                  |                        |
|                   | 12/07/2011 08:00 |                        | 12/07/2011 08:15       |                  |                        |
|                   | 12/09/2011 15:45 |                        | 12/09/2011 16:00       |                  |                        |
|                   | 12/10/2011 07:45 |                        | 12/10/2011 08:00       |                  |                        |
|                   | 12/11/2011 15:45 |                        | 12/11/2011 16:00       |                  |                        |
|                   | 12/14/2011 15:45 |                        | 12/14/2011 16:00       |                  |                        |
|                   | 12/16/2011 15:45 |                        | 12/16/2011 16:00       |                  |                        |
|                   | 12/17/2011 15:45 |                        | 12/17/2011 16:00       |                  |                        |
|                   | 12/20/2011 15:45 |                        | 12/20/2011 16:00       |                  |                        |
|                   | 12/26/2011 07:45 |                        | 12/26/2011 08:00       |                  |                        |
|                   | 12/28/2011 07:45 |                        | 12/28/2011 08:00       |                  |                        |
|                   | 12/29/2011 07:45 |                        | 12/29/2011 08:00       |                  |                        |
|                   | 12/31/2011 07:45 |                        | 12/31/2011 08:00       |                  |                        |
|                   | 01/01/2012 07:45 |                        | 01/01/2012 08:00       |                  |                        |
|                   | 02/14/2012 08:00 |                        | 02/14/2012 08:15       |                  |                        |
| <u>Instructor</u> |                  | <u>Reserve Date</u>    | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u>           |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>        | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>  |
|------------------|---------------------|-------------|----------------|--------------|----------------------|--|
| 201400000001     | December In Service | In Service  | 0.00           | 8.00         |                      | December in-Service<br>TECC -Homeland Security<br>Supervisor Performance Evaluation-<br>Sgt. Murphy and Sgt. Hernandez |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 12/03/2013 08:00       | 12/03/2013 16:00     |                |
|                 |                 | 12/09/2013 08:00       | 12/09/2013 16:00     |                |
|                 |                 | 12/11/2013 08:00       | 12/11/2013 16:00     |                |
|                 |                 | 12/13/2013 08:00       | 12/13/2013 16:00     |                |
|                 |                 | 12/17/2013 08:00       | 12/17/2013 16:00     |                |
|                 |                 | 12/19/2013 08:00       | 12/19/2013 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|---------------------|------------------------|------------------|--------------|

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                            | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Course 1</u> | <u>Course 2</u> | <u>Comments</u>   |
|------------------|---|-------------|----------------|--------------|-----------------|-----------------|---|
| 2010000000029    | Defensive Tactics/TASER Recertification | In Service  | 0.00           | 8.00         |                 |                 | The June in-service training conducted was Defensive Tactics (Baton) in the morning session and TASER recertification in the afternoon session. |

### Course Schedule

| <u>Class ID</u> | <u>Schedule</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 06/08/2010 08:00       | 06/08/2010 16:00     |                |
|                 |                 | 06/14/2010 08:00       | 06/14/2010 16:00     |                |
|                 |                 | 06/16/2010 08:00       | 06/16/2010 16:00     |                |
|                 |                 | 06/18/2010 08:00       | 06/18/2010 16:00     |                |
|                 |                 | 06/22/2010 08:00       | 06/22/2010 16:00     |                |
|                 |                 | 06/24/2010 08:00       | 06/24/2010 16:00     |                |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                    | <u>Type</u> | <u>Prerequisites</u>                               | <u>Comments</u>   |
|------------------|---------------------------------|-------------|--|---|
| 2017000000021    | Feb 2017 Inservice Blue Courage | In Service  | Credits      Hours <u>Course 1</u> <u>Course 2</u> | Blue Courage/Officer Wellness<br>Instructors: Capt Cinque and Sgt. Laurey |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 02/07/2017 08:00       | 03/07/2017 16:00     |                |
|                 |                 | 02/13/2017 08:00       | 02/13/2017 16:00     |                |
|                 |                 | 02/17/2017 08:00       | 02/17/2017 16:00     |                |
|                 |                 | 02/17/2017 08:00       | 02/17/2017 16:00     |                |
|                 |                 | 02/21/2017 08:00       | 02/21/2017 16:00     |                |
|                 |                 | 02/23/2017 08:00       | 02/23/2017 16:00     |                |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>  | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|---|-------------|----------------|--------------|----------------------|-----------------|
|                  | Feb 2021 Inservice: Legal Updates/CID Best Practice | In Service  | 0.00           | 8.00         | Course 1             | Course 2        |
|                  |   |             |                |              |                      |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 02/02/2021 08:00       | 02/02/2021 16:00     |                |
|                 |                 | 02/08/2021 08:00       | 02/08/2021 16:00     |                |
|                 |                 | 02/16/2021 08:00       | 02/16/2021 16:00     |                |
|                 |                 | 02/18/2021 08:00       | 02/18/2021 16:00     |                |
|                 |                 | 02/24/2021 08:00       | 02/24/2021 16:00     |                |
|                 |                 | 02/26/2021 08:00       | 02/26/2021 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>         | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|----------------------|-------------|----------------|--------------|----------------------|-----------------|
| 201500000004     | Feb. In-Service 2015 | In Service  | 0.00           | 8.00         |                      |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 02/02/2015 08:00       | 02/02/2015 16:00     |                |                        |
|                 |                 | 02/04/2015 08:00       | 02/04/2015 16:00     |                |                        |
|                 |                 | 02/06/2015 08:00       | 02/06/2015 16:00     |                |                        |
|                 |                 | 02/16/2015 08:00       | 02/16/2015 16:00     |                |                        |
|                 |                 | 02/18/2015 08:00       | 02/18/2015 16:00     |                |                        |
|                 |                 | 02/20/2015 08:00       | 02/20/2015 16:00     |                |                        |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>             | <u>Type</u> | <u>Prerequisites</u> |              |                 | <u>Comments</u>   |
|------------------|--------------------------|-------------|----------------------|--------------|-----------------|---|
|                  | February 2012 In-service | In Service  | <u>Credits</u>       | <u>Hours</u> | <u>Course 1</u> | <u>Course 2</u>   |
| 2012000000011    |                          |             | 0.00                 | 7.00         |                 | 4 hours Legal Updates- Lt. Cifonelli and Dodge<br>3 hours K9 Demo- P.O. Holt and Famigula |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 02/06/2012 08:00       | 02/06/2012 16:00     |                |
|                 |                 | 02/08/2012 08:00       | 02/08/2012 16:00     |                |
|                 |                 | 02/10/2012 08:00       | 02/10/2012 16:00     |                |
|                 |                 | 02/14/2012 08:00       | 02/14/2012 16:00     |                |
|                 |                 | 02/16/2012 08:00       | 02/16/2012 16:00     |                |
|                 |                 | 02/24/2012 08:00       | 02/24/2012 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>                          | <u>Type</u> | <u>Prerequisites</u> |              |                 |                 | <u>Comments</u>  |
|------------------|---------------------------------------|-------------|----------------------|--------------|-----------------|-----------------|--|
|                  |                                       | In Service  | <u>Credits</u>       | <u>Hours</u> | <u>Course 1</u> | <u>Course 2</u> |  |
| 2012000000025    | February 2012 In-Service Legal Issues |             | 0.00                 | 8.00         |                 |                 | Legal Updates 0800-1200 hrs lt.<br>Dodge and Lt. Cifonelli |
|                  |                                       |             |                      |              |                 |                 | K-9 demo by Po. Fanigula and Po.<br>Holt                   |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 02/06/2012 08:00       | 02/06/2012 12:00     |                |
|                 |                 | 02/08/2012 08:00       | 02/08/2012 12:00     |                |
|                 |                 | 02/10/2012 08:00       | 02/10/2012 16:00     |                |
|                 |                 | 02/14/2012 08:00       | 02/14/2012 16:00     |                |
|                 |                 | 02/16/2012 08:00       | 02/16/2012 16:00     |                |
|                 |                 | 02/24/2012 08:00       | 02/24/2012 16:00     |                |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                     | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>  |
|------------------|----------------------------------|-------------|----------------|--------------|----------------------|--|
| 20120000000200   | February 2012 Roll Call training | In Service  | 0.00           | 0.00         |                      | Suicide Screening<br>Not present:<br>P.O. Mekic<br>P.O. Potasiewicz<br>P.O. Lomonico |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 02/21/2012 15:45       | 02/21/2012 16:00     |                |                        |
|                 |                 | 02/21/2012 23:30       | 02/21/2012 23:45     |                |                        |
|                 |                 | 02/22/2012 23:30       | 02/22/2012 23:45     |                |                        |
|                 |                 | 02/23/2012 20:00       | 02/23/2012 20:15     |                |                        |
|                 |                 | 02/24/2012 23:30       | 02/24/2012 23:45     |                |                        |
|                 |                 | 02/25/2012 15:45       | 02/25/2012 16:00     |                |                        |
|                 |                 | 02/26/2012 20:00       | 02/26/2012 20:15     |                |                        |
|                 |                 | 02/27/2012 15:45       | 02/27/2012 16:00     |                |                        |
|                 |                 | 02/29/2012 15:45       | 02/29/2012 16:00     |                |                        |
|                 |                 | 03/01/2012 20:00       | 03/01/2012 20:15     |                |                        |
|                 |                 | 03/05/2012 15:45       | 03/05/2012 16:00     |                |                        |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|---------------------|------------------------|------------------|--------------|

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                                 | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Course 1</u> | <u>Course 2</u> | <u>Comments</u> |
|------------------|--|-------------|----------------|--------------|----------------------|-----------------|-----------------|-----------------|
| 2011000000062    | February In-Service - Active Shooter - Laser | In Service  | 0.00           | 0.00         |                      |                 |                 |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u>  | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|------------------|------------------------|----------------------|----------------|
|                 | 02/05/2011 08:00 | 02/05/2011 16:00       |                      |                |
|                 | 02/07/2011 08:00 | 02/07/2011 16:00       |                      |                |
|                 | 02/09/2011 08:00 | 02/09/2011 16:00       |                      |                |
|                 | 02/15/2011 08:00 | 02/15/2011 16:00       |                      |                |
|                 | 02/17/2011 08:00 | 02/17/2011 16:00       |                      |                |
|                 | 02/23/2011 08:00 | 02/23/2011 16:00       |                      |                |
|                 | 02/25/2011 08:00 | 02/25/2011 16:00       |                      |                |
|                 | 05/27/2011 07:45 | 05/27/2011 08:00       |                      |                |

### Instructor

Employee: Hauck, Michael

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|---------------------|------------------------|------------------|--------------|

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                               | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|--|-------------|----------------|--------------|----------------------|-----------------|
| 2011000000054    | February Roll call - 2011 - Report Writing | In Service  | 0.00           | 0.00         | Course 1             | Course 2        |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 02/01/2011 08:00       | 02/28/2011 16:00     |                |                        |
|                 |                 | 05/27/2011 08:00       | 05/27/2011 08:00     |                |                        |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u> | <u>Type</u> | <u>Credits</u> | <u>Prerequisites</u>          |
|------------------|--------------|-------------|----------------|-------------------------------|
|                  |              | In Service  | 0.00           | Hours<br>Course 1<br>Course 2 |
|                  |              |             | 0.00           | Comments                      |

| <u>Course Schedule</u> | <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|------------------------|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                        |                 |                 | 09/02/2011 08:00       | 09/02/2011 16:00     |                |                        |
|                        |                 |                 | 09/07/2011 08:30       | 09/07/2011 16:30     |                |                        |
|                        |                 |                 | 09/09/2011 08:00       | 09/09/2011 16:00     |                |                        |
|                        |                 |                 | 09/13/2011 08:00       | 09/13/2011 16:00     |                |                        |
|                        |                 |                 | 09/15/2011 08:00       | 09/15/2011 16:00     |                |                        |
|                        |                 |                 | 09/16/2011 08:00       | 09/16/2011 16:00     |                |                        |
|                        |                 |                 | 09/19/2011 08:00       | 09/19/2011 16:00     |                |                        |
|                        |                 |                 | 09/21/2011 08:00       | 09/21/2011 16:00     |                |                        |
|                        |                 |                 | 09/23/2011 08:00       | 09/23/2011 16:00     |                |                        |
|                        |                 |                 | 09/29/2011 08:00       | 09/29/2011 16:00     |                |                        |

### Instructor

Employee: Matrulli, David  
Employee: Nitti, Dominick  
Employee: Dellerba, John  
Employee: Amerosa, Joseph  
Employee: Bick, Patrick  
Employee: Scalise, Peter  
Employee: Cifonelli, Scott  
Employee: Manolescu, Wayne

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>            | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u>       | <u>Comments</u>     |
|------------------|-------------------------|-------------|----------------|--------------|----------------------------|---------------------|
|                  | Firearms 2012 inservice | In Service  | 0.00           | 8.00         | <u>Course 1</u>            | <u>Course 2</u>     |
| 2012000000050    | Firearms 2012 inservice |             |                |              | Firearms                   | 2012 May in-service |
|                  |                         |             |                |              | Trenton fish and game club |                     |
|                  |                         |             |                |              | Firearms staff             |                     |
|                  |                         |             |                |              | Scalise                    |                     |
|                  |                         |             |                |              | Nitti                      |                     |
|                  |                         |             |                |              | Amerosa                    |                     |
|                  |                         |             |                |              | Bick                       |                     |
|                  |                         |             |                |              | Manolescu                  |                     |
|                  |                         |             |                |              | Matrulli                   |                     |
|                  |                         |             |                |              | Cifonelli                  |                     |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 05/08/2012 08:00       | 05/08/2012 16:00     |                |                        |
|                 |                 | 05/10/2012 08:00       | 07/10/2012 16:00     |                |                        |
|                 |                 | 05/14/2012 08:00       | 05/14/2012 16:00     |                |                        |
|                 |                 | 05/16/2012 08:00       | 05/16/2012 16:00     |                |                        |
|                 |                 | 05/18/2012 08:00       | 05/18/2012 16:00     |                |                        |
|                 |                 | 05/24/2012 08:00       | 05/24/2012 16:00     |                |                        |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

# Training Course Summary

Print Date: June 30, 2021

## Course Information

| <u>Course No</u> | <u>Title</u>             | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|--------------------------|-------------|----------------|--------------|----------------------|-----------------|
|                  | Firearms 2016 in-service | In Service  | 0.00           | 8.00         | <u>Course 1</u>      | <u>Course 2</u> |
| 2016000000053    |                          |             |                |              |                      |                 |

## Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 | Firearms        | 06/06/2016 08:00       | 06/06/2016 16:00     |                |                        |
|                 | Firearms        | 06/08/2016 08:00       | 06/08/2016 16:00     |                |                        |
|                 | Firearms        | 06/10/2016 08:00       | 06/10/2016 16:00     |                |                        |
|                 | Firearms        | 06/14/2016 08:00       | 06/14/2016 16:00     |                |                        |
|                 | Firearms        | 06/16/2016 08:00       | 06/16/2016 16:00     |                |                        |
|                 | Firearms        | 06/24/2016 08:00       | 06/24/2016 16:00     |                |                        |

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>            | <u>Type</u> | <u>Credits</u> | <u>Prerequisites</u> |
|------------------|-------------------------|-------------|----------------|----------------------|
| 2011000000073    | Firearms May In-Service | In Service  | 0.00           | <u>Course 1</u>      |
|                  |                         |             | 0.00           | <u>Course 2</u>      |
|                  |                         |             |                | <u>Comments</u>      |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 04/28/2011 08:00       | 04/28/2011 16:00     |                |                        |
|                 |                 | 05/02/2011 08:00       | 05/02/2011 16:00     |                |                        |
|                 |                 | 05/04/2011 08:00       | 05/04/2011 16:00     |                |                        |
|                 |                 | 05/06/2011 08:00       | 05/06/2011 16:00     |                |                        |
|                 |                 | 05/10/2011 08:00       | 05/10/2011 16:00     |                |                        |
|                 |                 | 05/12/2011 08:00       | 05/12/2011 16:00     |                |                        |
|                 |                 | 05/13/2011 08:00       | 05/13/2011 16:00     |                |                        |
|                 |                 | 05/16/2011 08:00       | 05/16/2011 16:00     |                |                        |
|                 |                 | 05/18/2011 08:00       | 05/18/2011 16:00     |                |                        |
|                 |                 | 05/20/2011 08:00       | 05/20/2011 16:00     |                |                        |
|                 |                 | 05/26/2011 08:00       | 05/26/2011 16:00     |                |                        |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                  | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|-------------------------------|-------------|----------------|--------------|----------------------|-----------------|
| 2012000000037    | Human Trafficking/Verbal Judo | In Service  | 0.00           | 8.00         |                      |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 06/05/2012 08:00       | 06/05/2012 16:00     |                |
|                 |                 | 06/07/2012 08:00       | 06/07/2012 16:00     |                |
|                 |                 | 06/11/2012 08:00       | 06/11/2012 16:00     |                |
|                 |                 | 06/13/2012 08:00       | 06/13/2012 16:00     |                |
|                 |                 | 06/15/2012 08:00       | 06/15/2012 16:00     |                |
|                 |                 | 06/21/2012 08:00       | 06/21/2012 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                   | <u>Type</u> | <u>Prerequisites</u> |              |                 | <u>Comments</u>  |
|------------------|--------------------------------|-------------|----------------------|--------------|-----------------|--|
|                  |                                | In Service  | <u>Credits</u>       | <u>Hours</u> | <u>Course 1</u> | <u>Course 2</u>  |
| 20120000000006   | January 2012 Rollcall Training |             | 0.00                 | 0.00         |                 | Singe received rollcall training when he returned from his injury in February 2012<br>West received rollcall training when he returned from leave in January/February 2012<br><br>Tracs issues |

### Course Schedule

Print Date: June 30, 2021

## Training Course Summary

| Schedule | Class ID         | Start Date/Time  | End Date/Time | Company | Course Location |
|----------|------------------|------------------|---------------|---------|-----------------|
|          | 01/04/2012 17:45 | 01/04/2012 18:00 |               |         |                 |
|          | 01/07/2012 07:45 | 01/07/2012 08:00 |               |         |                 |
|          | 01/08/2012 11:45 | 01/08/2012 12:00 |               |         |                 |
|          | 01/09/2012 15:45 | 01/09/2012 16:00 |               |         |                 |
|          | 01/10/2012 11:45 | 01/10/2012 12:00 |               |         |                 |
|          | 01/10/2012 17:45 | 01/10/2012 18:00 |               |         |                 |
|          | 01/11/2012 07:45 | 01/11/2012 08:00 |               |         |                 |
|          | 01/14/2012 07:45 | 01/14/2012 08:00 |               |         |                 |
|          | 01/15/2012 07:45 | 01/15/2012 08:00 |               |         |                 |
|          | 01/16/2012 07:45 | 01/16/2012 08:00 |               |         |                 |
|          | 01/16/2012 15:45 | 01/16/2012 16:00 |               |         |                 |
|          | 01/17/2012 07:45 | 01/17/2012 08:00 |               |         |                 |
|          | 01/18/2012 17:45 | 01/18/2012 18:00 |               |         |                 |
|          | 01/19/2012 07:45 | 01/19/2012 08:00 |               |         |                 |
|          | 01/20/2012 17:45 | 01/20/2012 18:00 |               |         |                 |
|          | 01/24/2012 11:45 | 01/24/2012 12:00 |               |         |                 |
|          | 01/30/2012 15:45 | 01/30/2012 16:00 |               |         |                 |
|          | 01/31/2012 15:45 | 01/31/2012 16:00 |               |         |                 |
|          | 02/01/2012 15:45 | 02/01/2012 16:00 |               |         |                 |
|          | 02/14/2012 08:00 | 02/14/2012 08:15 |               |         |                 |

### Instructor

Reserve Date    Course Category    Serial ID    Notes

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>            | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>  |
|------------------|-------------------------|-------------|----------------|--------------|----------------------|--|
| 2012000000005    | January In-service 2012 | In Service  | 0.00           | 7.00         |                      | CSX Agent= 1 hour informative training<br>Mohawk Valley Resource Center for Refugees= 1 hour<br>Immigration/Refugee informations Professional Standards= 2 hours question/answer about that unit DWI refresher = Officers Nash or Berger for 3 hours |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 01/09/2012 08:30       | 01/09/2012 16:00     |                |                        |
|                 |                 | 01/11/2012 08:30       | 01/11/2012 16:00     |                |                        |
|                 |                 | 01/13/2012 08:30       | 01/13/2012 16:00     |                |                        |
|                 |                 | 01/17/2012 08:30       | 01/17/2012 16:00     |                |                        |
|                 |                 | 01/19/2012 08:30       | 01/19/2012 16:00     |                |                        |
|                 |                 | 01/27/2012 08:30       | 01/27/2012 16:00     |                |                        |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>   | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|--|-------------|----------------|--------------|----------------------|-----------------|
| 2011000000057    | January-In-service - CAC / In Service<br>Mediation Program | In Service  | 0.00           | 8.00         |                      |                 |

### Course Schedule

| <u>Schedule</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|------------------------|----------------------|----------------|------------------------|
|                 | 01/01/2011 08:00       | 01/31/2011 16:00     |                |                        |

### Instructor

| <u>Class ID</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-----------------|---------------------|------------------------|------------------|--------------|
|                 |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>                            | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|---|-------------|----------------|--------------|----------------------|-----------------|
|                  |   | In Service  |                | 0.00         | Course 1<br>0.00     | Course 2        |
| 2011000000070    | June 2011 Roll Call - Defensive Driving |             |                |              |                      |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 06/02/2011 08:00       | 06/02/2011 08:15     |                |
|                 |                 | 06/03/2011 08:00       | 06/03/2011 08:15     |                |
|                 |                 | 06/06/2011 08:00       | 06/06/2011 08:15     |                |
|                 |                 | 06/08/2011 08:00       | 06/08/2011 08:15     |                |
|                 |                 | 06/13/2011 08:00       | 06/13/2011 08:15     |                |
|                 |                 | 06/14/2011 08:00       | 06/14/2011 08:15     |                |
|                 |                 | 06/15/2011 08:00       | 06/15/2011 08:15     |                |
|                 |                 | 06/17/2011 08:00       | 06/10/2011 08:15     |                |
|                 |                 | 06/26/2011 08:00       | 06/26/2011 08:15     |                |
|                 |                 | 06/28/2011 08:00       | 06/28/2011 08:15     |                |
|                 |                 | 06/29/2011 08:00       | 06/29/2011 08:15     |                |
|                 |                 | 07/03/2011 08:00       | 07/03/2011 08:15     |                |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                                 | <u>Type</u> | <u>Prerequisites</u> |
|------------------|--|-------------|----------------------|
|                  | June 2017 Firearms w/<br>Use of Force Review | In Service  | <u>Credits</u>       |
|                  |  |             | <u>Hours</u>         |
|                  |  |             | 0.00                 |
|                  |  |             | 8.00                 |

### Comments

Inv Amerosa Lead Instructor- Oneida  
County Range

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 06/05/2017 08:00       | 06/05/2017 16:00     |                |
|                 |                 | 06/07/2017 08:00       | 06/07/2017 16:00     |                |
|                 |                 | 06/09/2017 08:00       | 06/09/2017 16:00     |                |
|                 |                 | 06/15/2017 08:00       | 06/15/2017 16:00     |                |
|                 |                 | 06/19/2017 08:00       | 06/19/2017 16:00     |                |
|                 |                 | 06/23/2017 08:00       | 06/23/2017 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>        | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>  |
|------------------|---------------------|-------------|----------------|--------------|----------------------|--|
| 2018000000045    | June 2018 Inservice | In Service  | 0.00           | 8.00         |                      | Infectious Disease, Barricaded Subject, Legal Updates, Raise the age |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 06/04/2018 08:00       | 06/04/2018 16:00     |                |
|                 |                 | 06/12/2018 08:00       | 06/12/2018 16:00     |                |
|                 |                 | 06/14/2018 08:00       | 06/14/2018 16:00     |                |
|                 |                 | 06/18/2018 08:00       | 06/18/2018 16:00     |                |
|                 |                 | 06/22/2018 08:00       | 06/22/2018 16:00     |                |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>   | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|----------------|-------------|----------------|--------------|----------------------|-----------------|
| Course NO        | Title          | Type        | Credits        | Hours        | Course 1             | Course 2        |
| 2020000000026    | June 2020 EVOC | In Service  | 0.00           | 8.00         |                      |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 06/03/2020 08:00       | 06/03/2020 16:00     |                |
|                 |                 | 06/09/2020 08:00       | 06/09/2020 16:00     |                |
|                 |                 | 06/11/2020 08:00       | 06/11/2020 16:00     |                |
|                 |                 | 06/17/2020 08:00       | 06/17/2020 16:00     |                |
|                 |                 | 06/19/2020 08:00       | 06/19/2020 16:00     |                |
|                 |                 | 06/23/2020 08:00       | 06/23/2020 16:00     |                |
|                 |                 | 06/25/2020 08:00       | 06/25/2020 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|---------------------|------------------------|------------------|--------------|

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>        | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Course 1</u> | <u>Course 2</u> | <u>Comments</u>  |
|------------------|---------------------|-------------|----------------|--------------|-----------------|-----------------|--|
| 20190000000029   | June Inservice 2019 | In Service  | 0.00           | 8.00         |                 |                 | Narcan Refresher training/ Leads On-Line training/ Taserrecert |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 06/07/2019 08:00       | 06/07/2019 16:00     |                |
|                 |                 | 06/11/2019 08:00       | 06/11/2019 16:00     |                |
|                 |                 | 06/13/2019 08:00       | 06/13/2019 16:00     |                |
|                 |                 | 06/17/2019 08:00       | 06/17/2019 16:00     |                |
|                 |                 | 06/21/2019 08:00       | 06/21/2019 16:00     |                |
|                 |                 | 06/27/2019 08:00       | 06/27/2019 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

### Course Information

| <u>Course NO</u> | <u>Title</u>  | <u>Type</u>                    | <u>Credits</u> | <u>Hours</u> | <u>Course 1</u> | <u>Course 2</u> | <u>Comments</u> |
|------------------|---------------|--------------------------------|----------------|--------------|-----------------|-----------------|-----------------|
| 20160000000026   | Leads On Line | Other Outside agency sponsored | 0.00           | 2.00         |                 |                 |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 04/13/2016 08:00       | 04/13/2016 08:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u>       | <u>Title</u>    | <u>Type</u>            | <u>Credits</u>       | <u>Prerequisites</u>    |
|------------------------|-----------------|------------------------|----------------------|-------------------------|
| 2016000000037          | Leads On-Line   | In Service             | 0.00                 | <u>Course 1</u><br>2.00 |
| <u>Course Schedule</u> | <u>Schedule</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u>          |
|                        | Class ID        | 05/31/2016 08:00       | 05/31/2016 10:00     |                         |

### Instructor:

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

### Course Information

| <u>Course NO</u>       | <u>Title</u>    | <u>Type</u>              | <u>Credits</u>       | <u>Prerequisites</u>    |
|------------------------|-----------------|--------------------------|----------------------|-------------------------|
| 2017000000028          | Legal Updates   | State Sponsored Training | 8.00                 | <u>Course 1</u><br>0.00 |
| <u>Course Schedule</u> | <u>Schedule</u> | <u>Start Date/Time</u>   | <u>End Date/Time</u> | <u>Company</u>          |
|                        | Class ID        | 03/08/2017 08:00         | 03/08/2017 16:00     |                         |

### Instructor:

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u> | <u>Type</u> | <u>Credits</u> | <u>Prerequisites</u> |
|------------------|--------------|-------------|----------------|----------------------|
|                  |              | In Service  | Hours          | <u>Course 1</u>      |
| 2013000000060    | Less Lethal  |             | 0.00           | 8.00                 |
|                  |              |             |                |                      |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 09/10/2013 08:00       | 09/10/2013 16:00     |                | —                      |
|                 |                 | 09/16/2013 08:00       | 09/16/2013 16:00     |                | —                      |
|                 |                 | 09/18/2013 08:00       | 09/18/2013 16:00     |                | —                      |
|                 |                 | 09/20/2013 08:00       | 09/20/2013 16:00     |                | —                      |
|                 |                 | 09/24/2013 08:00       | 09/24/2013 16:00     |                | —                      |
|                 |                 | 09/26/2013 08:00       | 09/26/2013 16:00     |                | —                      |
|                 |                 |                        |                      |                |                        |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                            | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>  |
|------------------|---|-------------|----------------|--------------|----------------------|--|
|                  | March 2012 rollcall training In Service | In Service  | 0.00           | 0.25         | Course 1             | Course 2   |
| 2012000000026    |   |             |                |              |                      | P.O. Potasiewicz out injured<br>P.O. Lomonico suspended<br>P.O. Deangelo out injured<br>P.O. Mekic is out and will receive<br>training when he returns |

### Course Schedule

Print Date: June 30, 2021

## Training Course Summary

| <u>Schedule</u> | <u>Class ID</u>  | <u>Start Date/Time</u> | <u>End Date/Time</u>   | <u>Company</u>   | <u>Course Location</u> |
|-----------------|------------------|------------------------|------------------------|------------------|------------------------|
|                 | 03/05/2012 15:45 | 03/05/2012 16:00       |                        |                  |                        |
|                 | 03/06/2012 07:45 | 03/06/2012 08:00       |                        |                  |                        |
|                 | 03/07/2012 15:45 | 03/07/2012 16:00       |                        |                  |                        |
|                 | 03/08/2012 07:45 | 03/08/2012 08:00       |                        |                  |                        |
|                 | 03/09/2012 07:45 | 03/09/2012 08:00       |                        |                  |                        |
|                 | 03/10/2012 17:45 | 03/10/2012 18:00       |                        |                  |                        |
|                 | 03/11/2012 07:45 | 03/11/2012 08:00       |                        |                  |                        |
|                 | 03/12/2012 17:45 | 03/12/2012 18:00       |                        |                  |                        |
|                 | 03/13/2012 07:45 | 03/13/2012 08:00       |                        |                  |                        |
|                 | 03/13/2012 17:45 | 03/13/2012 18:00       |                        |                  |                        |
|                 | 03/15/2012 17:45 | 03/15/2012 18:00       |                        |                  |                        |
|                 | 03/20/2012 18:45 | 03/20/2012 19:00       |                        |                  |                        |
|                 | 03/22/2012 15:45 | 03/22/2012 16:00       |                        |                  |                        |
|                 | 03/23/2012 07:45 | 03/23/2012 08:00       |                        |                  |                        |
|                 | 03/27/2012 15:45 | 03/27/2012 16:00       |                        |                  |                        |
|                 | 03/28/2012 15:45 | 03/28/2012 16:00       |                        |                  |                        |
|                 | 03/29/2012 15:45 | 03/29/2012 16:00       |                        |                  |                        |
|                 | 03/30/2012 07:45 | 03/30/2012 08:00       |                        |                  |                        |
|                 | 03/31/2012 07:45 | 03/31/2012 08:00       |                        |                  |                        |
|                 | 03/31/2012 15:45 | 03/31/2012 16:00       |                        |                  |                        |
|                 | 04/04/2012 07:45 | 04/04/2012 08:00       |                        |                  |                        |
| Instructor      |                  | <u>Reserve Date</u>    | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u>           |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                     | <u>Type</u> | <u>Credits</u> | <u>Prerequisites</u> |
|------------------|----------------------------------|-------------|----------------|----------------------|
|                  | March roll-call - RMS Procedures | In Service  | 0.00           | Course 1<br>1.00     |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 03/01/2011 23:45       | 03/01/2011 23:55     |                |                        |
|                 |                 | 03/03/2011 23:45       | 03/03/2011 23:55     |                |                        |
|                 |                 | 03/04/2011 15:45       | 03/04/2011 16:00     |                |                        |
|                 |                 | 03/05/2011 15:45       | 03/05/2011 16:00     |                |                        |
|                 |                 | 03/07/2011 15:45       | 03/07/2011 16:00     |                |                        |
|                 |                 | 03/08/2011 23:45       | 03/08/2011 23:55     |                |                        |
|                 |                 | 03/09/2011 07:45       | 03/09/2011 08:00     |                |                        |
|                 |                 | 03/11/2011 23:45       | 03/11/2011 23:55     |                |                        |
|                 |                 | 03/14/2011 07:45       | 03/14/2011 08:00     |                |                        |
|                 |                 | 03/21/2011 08:00       | 03/21/2011 08:15     |                |                        |
|                 |                 | 03/22/2011 08:00       | 03/22/2011 08:15     |                |                        |
|                 |                 | 03/24/2011 07:45       | 03/24/2011 08:00     |                |                        |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|---------------------|------------------------|------------------|--------------|

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>       | <u>Type</u> | <u>Credits</u> | <u>Prerequisites</u> | <u>Comments</u>                  |
|------------------|--------------------|-------------|----------------|----------------------|----------------------------------|
| 2013000000036    | May Fire arms 2013 | In Service  | 0.00           | 0.00                 | Trenton Fish and Game club Range |

### Course Schedule

| <u>Schedule</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|------------------------|----------------------|----------------|
|                 | 05/03/2013 08:00       | 05/03/2013 16:00     |                |
|                 | 05/07/2013 08:00       | 05/07/2013 16:00     |                |
|                 | 05/13/2013 08:00       | 05/13/2013 16:00     |                |
|                 | 05/15/2013 08:00       | 05/15/2013 16:00     |                |
|                 | 05/17/2013 08:00       | 05/17/2013 16:00     |                |
|                 | 05/21/2013 08:00       | 05/21/2013 16:00     |                |
|                 | 05/23/2013 08:00       | 05/23/2013 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>      | <u>Type</u> | <u>Credits</u> | <u>Prerequisites</u>       |
|------------------|-------------------|-------------|----------------|----------------------------|
|                  | May Firearms 2014 | In Service  | 0.00           | 8.00                       |
|                  |                   |             |                | <u>Course 1</u>            |
|                  |                   |             |                | <u>Course 2</u>            |
|                  |                   |             |                | <u>Comments</u>            |
| 2014000000028    |                   |             |                | Firearms Staff             |
|                  |                   |             |                | Trenton Fish and Game Club |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 05/12/2014 08:00       | 05/12/2014 16:00     |                |                        |
|                 |                 | 05/12/2014 08:00       | 05/12/2014 16:00     |                |                        |
|                 |                 | 05/14/2014 08:00       | 05/14/2014 16:00     |                |                        |
|                 |                 | 05/16/2014 08:00       | 05/16/2014 16:00     |                |                        |
|                 |                 | 05/20/2014 08:00       | 05/20/2014 16:00     |                |                        |
|                 |                 | 05/28/2014 08:00       | 05/28/2014 16:00     |                |                        |
|                 |                 | 05/30/2014 08:00       | 05/30/2014 16:00     |                |                        |
|                 |                 | 06/06/2014 08:00       | 06/06/2014 16:00     |                |                        |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>  | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>                                   |
|------------------|---------------|-------------|----------------|--------------|----------------------|---|
|                  |               | In Service  |                | 0.25         | <u>Course 1</u>      | <u>Course 2</u>                                   |
| 2014000000027    | May Roll call |             | 0.00           |              |                      | Aggravated Harrassment declared unconstitutional. |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 05/21/2014 11:45       | 05/21/2014 11:59     |                |
|                 |                 | 05/22/2014 11:45       | 05/22/2014 11:59     |                |
|                 |                 | 05/23/2014 11:45       | 05/23/2014 11:59     |                |
|                 |                 | 05/26/2014 11:45       | 05/26/2014 11:59     |                |
|                 |                 | 05/27/2014 11:45       | 05/27/2014 11:59     |                |
|                 |                 | 05/28/2014 11:45       | 05/28/2014 11:59     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                                   | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|--|-------------|----------------|--------------|----------------------|-----------------|
| 201100000050     | November 2010 - In-Service - Violation Arrests | In Service  | 0.00           | 0.00         | Course 1             | Course 2        |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 11/19/2010 23:45       | 11/30/2010 23:50     |                |
|                 |                 | 11/20/2010 15:45       | 11/20/2010 16:00     |                |
|                 |                 | 11/21/2010 15:45       | 11/21/2010 16:00     |                |
|                 |                 | 11/22/2010 11:45       | 11/23/2010 12:00     |                |
|                 |                 | 11/28/2010 15:45       | 12/09/2010 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>             | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>   |
|------------------|--------------------------|-------------|----------------|--------------|----------------------|---|
|                  | November 2011 in-service | In Service  | 0.00           | 7.00         | <u>Course 1</u>      | <u>Course 2</u>   |
| 2011000000121    |                          |             |                |              |                      | <p>Active Shooter- Capt. Manolescu, Sgt. Nitti, P.O. Bansner, P.O. Pedulla, P.O. Swienton, P.O. Petrie, Sgt. Kelly DEC Officers informational powerpoint DC Toomey or Capt Mickle spoke on chain of command</p> <p>G. Deangelio, J. Destefano, P. Caruso, R. Demichele, N. Strife, H. Brodt, = light duty G. Taurisani, M. Cerminaro, D. Singe = injured J. Pilipczuk = sick J. Penree NO</p> |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 11/08/2011 08:30       | 11/08/2011 16:00     |                |                        |
|                 |                 | 11/10/2011 08:30       | 11/10/2011 16:00     |                |                        |
|                 |                 | 11/14/2011 08:30       | 11/14/2011 16:00     |                |                        |
|                 |                 | 11/16/2011 08:30       | 11/16/2011 16:00     |                |                        |
|                 |                 | 11/18/2011 08:30       | 11/18/2011 16:00     |                |                        |
|                 |                 | 11/30/2011 08:30       | 11/30/2011 16:00     |                |                        |

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>             | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>   |
|------------------|--------------------------|-------------|----------------|--------------|----------------------|---|
|                  | November 2012 in-service | In Service  | 0.00           | 8.00         | <u>Course 1</u>      | <u>Course 2</u>   |
| 2012000000091    |                          |             |                |              |                      | Infectious disease-Sgt Shaffer<br>Article 35-Lt Dodge<br>Supervisor performance evaluation<br>training-Lt Dodge<br>RMS/file 15 updates-Po Foley |
|                  |                          |             |                |              |                      | PO Abel Suspended<br>Sgt. Cozza out sick  |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 11/06/2012 08:00       | 11/06/2012 16:00     |                |
|                 |                 | 11/08/2012 08:00       | 11/08/2012 16:00     |                |
|                 |                 | 11/14/2012 08:00       | 11/14/2012 16:00     |                |
|                 |                 | 11/16/2012 08:00       | 11/16/2012 16:00     |                |
|                 |                 | 11/28/2012 08:00       | 11/28/2012 16:00     |                |
|                 |                 | 11/30/2012 08:00       | 11/30/2012 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                     | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|----------------------------------|-------------|----------------|--------------|----------------------|-----------------|
|                  | November 2014 Roll Call training | In Service  | 0.00           | 0.25         | <u>Course 1</u>      | <u>Course 2</u> |
| 2014000000055    |                                  |             |                |              |                      |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 11/02/2014 11:45       | 11/02/2014 11:59     |                |                        |
|                 |                 | 11/03/2014 11:45       | 11/03/2014 11:59     |                |                        |
|                 |                 | 11/06/2014 11:45       | 11/06/2014 11:59     |                |                        |
|                 |                 | 11/11/2014 11:45       | 11/11/2014 11:59     |                |                        |
|                 |                 | 11/14/2014 11:45       | 11/14/2014 11:59     |                |                        |
|                 |                 | 11/15/2014 11:45       | 11/15/2014 11:59     |                |                        |
|                 |                 | 11/16/2014 11:45       | 11/16/2014 11:59     |                |                        |
|                 |                 | 11/17/2014 11:45       | 11/17/2014 11:59     |                |                        |
|                 |                 | 11/22/2014 11:45       | 11/22/2014 11:59     |                |                        |
|                 |                 | 11/24/2014 11:45       | 11/24/2014 11:59     |                |                        |
|                 |                 | 11/30/2014 11:45       | 11/30/2014 11:59     |                |                        |
|                 |                 | 12/03/2014 11:45       | 12/03/2014 11:59     |                |                        |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

## Training Course Summary

### Course Information

| <u>Course No</u> | <u>Title</u>            | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|-------------------------|-------------|----------------|--------------|----------------------|-----------------|
|                  |                         | In Service  |                | 0.00         | <u>Course 1</u>      | <u>Course 2</u> |
| 2011000000117    | October 2011 in-service |             |                |              |                      |                 |
|                  |                         |             |                |              |                      |                 |
|                  |                         |             |                |              |                      |                 |

Infectious Disease (1 1/4hrs) - Sgt. Shaffer  
DNA Testing (1/2) - Jenn Dormio  
Employee Harassment (1hr) - Inv. Nicholson  
Defensive Tactics- DT Staff

The October DT in-service dates are going to be 4 hours a pop. We should teach the following:  
-Handcuffing (controlling a cuffed prisoner)  
-Handcuffing (using good verbal skills)  
-Handcuffing (various threat levels)  
-baton work (forward strike, blocks, front jab, retention)  
-simple control moves (your favorite wristy twisty moves)  
Please concentrate on using good verbal skills to avoid a physical confrontation and on proper handcuffing and controlling a person in handcuffs (don't let go and "put the chain on the floor"). As always we need to talk about article 35 and use of force policy.

Thank you,

JW

Officers Atanasoff light duty  
Officer Singe injured  
Officer Pilipczuk sick leave  
Officer Brodt light duty  
Officer Taurisani injured  
Officer Deangelo, Destefano and Caruso light duty

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| Course NO              | Title            | Type            | Prerequisites |                 |          |          | Comments |  |  |  |
|------------------------|------------------|-----------------|---------------|-----------------|----------|----------|----------|--|--|--|
|                        |                  |                 | Credits       | Hours           | Course 1 | Course 2 |          |  |  |  |
| <u>Course Schedule</u> |                  |                 |               |                 |          |          |          |  |  |  |
| <u>Schedule</u>        |                  |                 |               |                 |          |          |          |  |  |  |
| Class ID               | Start Date/Time  | End Date/Time   | Company       | Course Location |          |          |          |  |  |  |
| 10/03/2011 08:30       | 10/03/2011 16:00 |                 |               |                 |          |          |          |  |  |  |
| 10/05/2011 08:30       | 10/05/2011 16:00 |                 |               |                 |          |          |          |  |  |  |
| 10/07/2011 08:30       | 10/07/2011 16:00 |                 |               |                 |          |          |          |  |  |  |
| 10/17/2011 08:30       | 10/17/2011 16:00 |                 |               |                 |          |          |          |  |  |  |
| 10/27/2011 08:30       | 10/27/2011 16:00 |                 |               |                 |          |          |          |  |  |  |
| 10/31/2011 08:30       | 10/31/2011 16:00 |                 |               |                 |          |          |          |  |  |  |
| <u>Instructor</u>      |                  |                 |               |                 |          |          |          |  |  |  |
|                        | Reserve Date     | Course Category | Serial ID     | Notes           |          |          |          |  |  |  |

# Training Course Summary

Print Date: June 30, 2021

## Course Information

| <u>Course No</u> | <u>Title</u>           | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|------------------------|-------------|----------------|--------------|----------------------|-----------------|
|                  |                        | In Service  |                | 0.25         | <u>Course 1</u>      | <u>Course 2</u> |
| 2014000000054    | October 2014 roll Call |             | 0.00           | 0.25         |                      |                 |

## Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 10/04/2014 11:45       | 10/04/2014 11:59     |                |                        |
|                 |                 | 10/05/2014 11:45       | 10/05/2014 11:59     |                |                        |
|                 |                 | 10/06/2014 11:45       | 10/06/2014 11:59     |                |                        |
|                 |                 | 10/08/2014 11:45       | 10/08/2014 11:59     |                |                        |
|                 |                 | 10/09/2014 11:45       | 10/09/2014 11:59     |                |                        |
|                 |                 | 10/10/2014 11:45       | 10/10/2014 11:59     |                |                        |
|                 |                 | 10/14/2014 11:45       | 10/14/2014 11:59     |                |                        |
|                 |                 | 10/15/2014 11:45       | 10/15/2014 11:59     |                |                        |
|                 |                 | 10/17/2014 11:45       | 10/17/2014 11:59     |                |                        |
|                 |                 | 10/21/2014 11:45       | 10/21/2014 11:59     |                |                        |
|                 |                 | 10/24/2014 11:45       | 10/24/2014 11:59     |                |                        |

## Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|---------------------|------------------------|------------------|--------------|

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>            | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>                                     |
|------------------|-------------------------|-------------|----------------|--------------|----------------------|---|
| 20160000000006   | October 2015 in-service | In Service  | 0.00           | 8.00         |                      | Infectious disease-Dealing with difficult people-K9 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 10/08/2015 08:00       | 10/08/2015 16:00     |                |                        |
|                 |                 | 10/28/2015 08:00       | 10/28/2015 16:00     |                |                        |
|                 |                 | 10/30/2015 08:00       | 10/30/2015 16:00     |                |                        |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

### Course Information

| <u>Course NO</u> | <u>Title</u>                    | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|---------------------------------|-------------|----------------|--------------|----------------------|-----------------|
| 2011000000049    | October roll-call- Pole Cameras | In Service  | 0.00           | 0.00         |                      |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 10/26/2010 15:45       | 10/26/2010 16:00     |                |                        |
|                 |                 | 10/28/2010 15:45       | 10/28/2010 16:00     |                |                        |
|                 |                 | 11/02/2010 15:45       | 11/09/2010 16:00     |                |                        |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

Course NO 2011000000105  
Title October/November Roll-call training 2011

| <u>Course NO</u> | <u>Title</u> | <u>Type</u><br>In Service | Prerequisites          |                      |                 | <u>Comments</u>  |
|------------------|--------------|---------------------------|------------------------|----------------------|-----------------|--|
|                  |              |                           | <u>Credits</u><br>0.00 | <u>Hours</u><br>0.00 | <u>Course 1</u> | <u>Course 2</u>  |
|                  |              |                           |                        |                      |                 | Officer Destefano sick/vaccination   |
|                  |              |                           |                        |                      |                 | Officer Taurisani injured/l/Logistics  |
|                  |              |                           |                        |                      |                 | Officer Singe injured  |
|                  |              |                           |                        |                      |                 | West on Military leave   |
|                  |              |                           |                        |                      |                 | Singe received rollcall training when he returned from his injury in February 2012   |
|                  |              |                           |                        |                      |                 | West received rollcall training when he returned from leave in January/February 2012 |

### Course Schedule

Print Date: June 30, 2021

## Training Course Summary

| Schedule   | Class ID | Start Date/Time  | End Date/Time    | Company   | Course Location |
|------------|----------|------------------|------------------|-----------|-----------------|
|            |          | 10/27/2011 08:30 | 10/27/2011 16:30 |           |                 |
|            |          | 10/31/2011 08:00 | 10/31/2011 08:15 |           |                 |
|            |          | 11/01/2011 08:00 | 11/01/2011 08:15 |           |                 |
|            |          | 11/02/2011 08:00 | 11/02/2011 08:15 |           |                 |
|            |          | 11/04/2011 08:00 | 11/04/2011 08:15 |           |                 |
|            |          | 11/05/2011 08:00 | 11/05/2011 08:15 |           |                 |
|            |          | 11/06/2011 07:45 | 11/06/2011 08:00 |           |                 |
|            |          | 11/09/2011 15:45 | 11/09/2011 16:00 |           |                 |
|            |          | 11/10/2011 07:45 | 11/10/2011 08:00 |           |                 |
|            |          | 11/16/2011 07:45 | 11/16/2011 08:00 |           |                 |
|            |          | 11/18/2011 07:45 | 11/18/2011 08:00 |           |                 |
|            |          | 11/24/2011 07:45 | 11/24/2011 08:00 |           |                 |
|            |          | 11/29/2011 07:45 | 11/29/2011 08:00 |           |                 |
|            |          | 11/30/2011 15:45 | 11/30/2011 16:00 |           |                 |
|            |          | 12/04/2011 15:45 | 12/04/2011 16:00 |           |                 |
|            |          | 02/14/2012 08:00 | 02/14/2012 08:15 |           |                 |
| Instructor |          | Reserve Date     | Course Category  | Serial ID | Notes           |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                              | <u>Type</u>                    | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|---|--------------------------------|----------------|--------------|----------------------|-----------------|
| 2014000000042    | Reid Technique Interview<br>Interrogation | Other Outside agency sponsored | 0.00           | 32.00        |                      |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> | <u>Notes</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|--------------|
|                 |                 | 10/21/2014 08:00       | 10/24/2014 16:00     |                |                        |              |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

### Course Information

| <u>Course NO</u> | <u>Title</u>                     | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|----------------------------------|-------------|----------------|--------------|----------------------|-----------------|
| 2016000000051    | Riot Control & Civil Disturbance | In Service  | 0.00           | 0.00         |                      |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> | <u>Notes</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|--------------|
|                 | Riot Control    | 05/03/2016 08:00       | 05/03/2016 16:00     |                |                        |              |
|                 | Riot Control    | 05/09/2016 08:00       | 05/09/2016 16:00     |                |                        |              |
|                 | Riot Control    | 05/11/2016 08:00       | 05/11/2016 16:00     |                |                        |              |
|                 | Riot Control    | 05/19/2016 08:00       | 05/19/2016 16:00     |                |                        |              |
|                 | Riot Control    | 05/27/2016 08:00       | 05/27/2016 16:00     |                |                        |              |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                            | <u>Type</u> | <u>Prerequisites</u> |
|------------------|---|-------------|----------------------|
|                  |   | In Service  |                      |
| 2011000000076    | Roll Call August-Response To Resistance | 0.00        | 0.00                 |
|                  |   |             |                      |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Comments</u> |
|-----------------|-----------------|------------------------|----------------------|-----------------|
|                 |                 | 08/01/2011 08:00       | 08/01/2011 08:15     |                 |
|                 |                 | 08/02/2011 08:00       | 08/02/2011 08:05     |                 |
|                 |                 | 08/03/2011 08:00       | 08/03/2011 08:15     |                 |
|                 |                 | 08/04/2011 15:45       | 08/04/2011 16:00     |                 |
|                 |                 | 08/06/2011 15:45       | 08/06/2011 16:00     |                 |
|                 |                 | 08/07/2011 08:00       | 08/07/2011 16:00     |                 |
|                 |                 | 08/08/2011 08:00       | 08/08/2011 08:15     |                 |
|                 |                 | 08/09/2011 08:00       | 08/09/2011 08:15     |                 |
|                 |                 | 08/10/2011 15:45       | 08/10/2011 16:00     |                 |
|                 |                 | 08/11/2011 15:45       | 08/11/2011 16:00     |                 |
|                 |                 | 08/12/2011 08:00       | 08/12/2011 08:15     |                 |
|                 |                 | 08/14/2011 08:00       | 08/14/2011 08:15     |                 |
|                 |                 | 08/19/2011 08:00       | 08/19/2011 08:15     |                 |
|                 |                 | 08/22/2011 08:00       | 08/22/2011 08:15     |                 |
|                 |                 | 08/23/2011 15:45       | 08/23/2011 16:00     |                 |
|                 |                 | 08/26/2011 08:00       | 08/26/2011 08:15     |                 |
|                 |                 | 08/27/2011 08:00       | 08/27/2011 08:15     |                 |
|                 |                 | 08/28/2011 15:45       | 08/28/2011 16:00     |                 |
|                 |                 | 08/30/2011 15:45       | 08/30/2011 16:00     |                 |
|                 |                 | 02/14/2012 08:00       | 02/14/2012 08:15     |                 |

West was on military leave but was given all roll call trainings when he returned january/february 2012

Print Date: June 30, 2021

## Training Course Summary

| Instructor                  | Reserve Date                              | Course Category    | Serial ID        | Notes                     |
|-----------------------------|---|--------------------|------------------|---------------------------|
| <b>Course Information</b>   |   |                    |                  |                           |
| Course NO<br>20120000000094 | Title<br>Roll Call training Winter issues | Type<br>In Service | Credits<br>0.00  | Hours<br>0.50             |
|                             |   |                    |                  | Prerequisites             |
|                             |   |                    |                  | Course 1<br>Course 2      |
|                             |   |                    |                  | Comments<br>Winter Issues |
|                             |   |                    |                  | Harrington on Vacation    |
|                             |   |                    |                  | Abel Suspended            |
| Instructor                  | Reserve Date                              | Course Category    | Serial ID        | Notes                     |
| Course Schedule             | Schedule                                  | Class ID           | Start Date/Time  | End Date/Time             |
|                             |   | 11/20/2012 23:45   | 11/20/2012 23:59 | Company                   |
|                             |   | 11/21/2012 23:45   | 11/21/2012 23:59 |                           |
|                             |   | 11/22/2012 15:45   | 11/22/2012 15:59 |                           |
|                             |   | 11/23/2012 23:45   | 11/23/2012 23:59 |                           |
|                             |   | 11/24/2012 23:45   | 11/24/2012 23:59 |                           |
|                             |   | 11/25/2012 15:45   | 11/25/2012 15:59 |                           |
|                             |   | 11/26/2012 23:45   | 11/26/2012 23:59 |                           |
|                             |   | 11/27/2012 23:45   | 11/27/2012 23:59 |                           |
|                             |   | 11/28/2012 15:45   | 12/28/2012 15:59 |                           |
|                             |   | 11/29/2012 23:45   | 11/29/2012 23:59 |                           |
|                             |   | 11/30/2012 23:45   | 11/30/2012 23:59 |                           |
|                             |   | 12/05/2012 15:45   | 12/05/2012 15:59 |                           |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>             | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u>  |
|------------------|--------------------------|-------------|----------------|--------------|----------------------|--|
| 2012000000070    | September 2012 Inservice | In Service  | 0.00           | 8.00         |                      | Bath Salts-Shane Levigne<br>Corporation Council review of Bath<br>Salts legislation for the City of Utica<br>City Court DNA procedure-Gaspa<br>JAU Refresher Sgt. Convertino/Inv<br>Delleiba |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 09/11/2012 08:00       | 09/11/2012 16:00     |                |
|                 |                 | 09/13/2012 08:00       | 09/13/2012 16:00     |                |
|                 |                 | 09/17/2012 08:00       | 09/17/2012 16:00     |                |
|                 |                 | 09/19/2012 08:00       | 09/19/2012 16:00     |                |
|                 |                 | 09/21/2012 08:00       | 09/21/2012 16:00     |                |
|                 |                 | 09/27/2012 08:00       | 09/27/2012 16:00     |                |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>             | <u>Type</u> | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u> | <u>Comments</u> |
|------------------|--------------------------|-------------|----------------|--------------|----------------------|-----------------|
|                  | September 2014 roll call | In Service  |                | 0.00         | Course 1<br>Course 2 |                 |
| 2014000000053    |                          |             |                | 0.15         |                      |                 |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|
|                 |                 | 09/01/2014 11:45       | 09/01/2014 11:59     |                |
|                 |                 | 09/09/2014 11:45       | 09/09/2014 11:59     |                |
|                 |                 | 09/10/2014 11:45       | 09/10/2014 11:59     |                |
|                 |                 | 09/11/2014 11:45       | 09/11/2014 11:59     |                |
|                 |                 | 09/14/2014 11:45       | 09/14/2014 11:59     |                |
|                 |                 | 09/16/2014 11:45       | 09/16/2014 11:59     |                |
|                 |                 | 09/19/2014 11:45       | 09/19/2014 11:59     |                |
|                 |                 | 09/23/2014 11:45       | 09/23/2014 11:59     |                |
|                 |                 | 09/25/2014 11:45       | 09/25/2014 11:59     |                |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                            | <u>Type</u> | <u>Credits</u> | <u>Prerequisites</u> |
|------------------|---|-------------|----------------|----------------------|
|                  |   | In Service  | Hours          | <u>Course 1</u>      |
| 2011000000048    | September In-Service - Eviction Notices |             | 0.00           | 0.00                 |
|                  |   |             |                | <u>Course 2</u>      |

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 09/16/2010 15:45       | 09/16/2010 16:00     |                |                        |
|                 |                 | 09/21/2010 15:45       | 09/21/2010 16:00     |                |                        |
|                 |                 | 09/23/2010 15:45       | 09/23/2010 16:00     |                |                        |
|                 |                 | 09/26/2010 15:45       | 09/26/2010 16:00     |                |                        |

### Instructor

| <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|---------------------|------------------------|------------------|--------------|
|                     |                        |                  |              |

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>                 | <u>Type</u> | <u>Prerequisites</u>  |
|------------------|------------------------------|-------------|---|
|                  |                              | In Service  | <u>Credits</u> <u>Hours</u> <u>Course 1</u> <u>Course 2</u> |
| 2011000000106    | September Roll-call training |             | 0.00    0.00  |

Howie Brodt injured  
 David Singe injured  
 West on military leave but was given  
 all rollcall training upon return in  
 January/February 2012

### Course Schedule

| <u>Schedule</u> | <u>Class ID</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|-----------------|------------------------|----------------------|----------------|------------------------|
|                 |                 | 09/06/2011 08:00       | 09/06/2011 08:15     |                |                        |
|                 |                 | 09/07/2011 08:00       | 09/07/2011 08:15     |                |                        |
|                 |                 | 09/08/2011 08:00       | 09/08/2011 08:15     |                |                        |
|                 |                 | 09/12/2011 07:45       | 09/12/2011 08:00     |                |                        |
|                 |                 | 09/15/2011 23:30       | 09/15/2011 23:45     |                |                        |
|                 |                 | 09/16/2011 07:45       | 09/16/2011 08:00     |                |                        |
|                 |                 | 09/18/2011 07:45       | 09/18/2011 08:00     |                |                        |
|                 |                 | 09/20/2011 07:45       | 09/20/2011 08:00     |                |                        |
|                 |                 | 09/21/2011 23:30       | 09/21/2011 23:45     |                |                        |
|                 |                 | 09/22/2011 07:45       | 09/22/2011 08:00     |                |                        |
|                 |                 | 09/23/2011 07:45       | 09/23/2011 08:00     |                |                        |
|                 |                 | 09/25/2011 23:30       | 09/25/2011 23:45     |                |                        |
|                 |                 | 09/26/2011 07:45       | 09/26/2011 08:00     |                |                        |
|                 |                 | 09/28/2011 07:45       | 09/28/2011 08:00     |                |                        |
|                 |                 | 09/29/2011 08:00       | 09/29/2011 08:15     |                |                        |
|                 |                 | 09/30/2011 07:45       | 09/30/2011 08:00     |                |                        |
|                 |                 | 02/14/2012 08:00       | 02/14/2012 08:15     |                |                        |

Print Date: June 30, 2021

## Training Course Summary

| Instructor                   | Reserve Date | Course Category  | Serial ID     | Notes           |
|------------------------------|--------------|------------------|---------------|-----------------|
| <b>Course Information</b>    |              |                  |               |                 |
| <b>Title</b> TASER inservice |              |                  |               |                 |
| Course NO                    | Type         | Credits          | Hours         | Prerequisites   |
| 2020000000023                | In Service   | 0.00             | 4.00          | <u>Course 1</u> |
| Schedule                     | Class ID     | Start Date/Time  | End Date/Time | Comments        |
| <b>Course Schedule</b>       |              |                  |               |                 |
| <b>Class ID</b>              |              |                  |               |                 |
| 04/03/2020 08:00             |              | 04/03/2020 12:00 |               |                 |
| 04/06/2020 08:00             |              | 04/06/2020 12:00 |               |                 |
| 04/07/2020 08:00             |              | 04/07/2020 12:00 |               |                 |
| 04/14/2020 08:00             |              | 04/14/2020 12:00 |               |                 |
| 04/15/2020 08:00             |              | 04/15/2020 12:00 |               |                 |
| 04/16/2020 08:00             |              | 04/16/2020 12:00 |               |                 |
| 04/20/2020 08:00             |              | 04/20/2020 12:00 |               |                 |
| 04/23/2020 08:00             |              | 04/23/2020 12:00 |               |                 |
| 04/24/2020 08:00             |              | 04/24/2020 12:00 |               |                 |
| 04/28/2020 08:00             |              | 04/28/2020 12:00 |               |                 |
| 04/30/2020 08:00             |              | 04/30/2020 12:00 |               |                 |
| Instructor                   | Reserve Date | Course Category  | Serial ID     | Notes           |

Print Date: June 30, 2021

## Training Course Summary

### Course Information

| <u>Course NO</u> | <u>Title</u>               | <u>Type</u>                    | <u>Credits</u> | <u>Hours</u> | <u>Prerequisites</u>                                  |
|------------------|----------------------------|--------------------------------|----------------|--------------|---|
| 2017000000048    | Voice Stress Certification | Other Outside agency sponsored | 0.00           | 16.00        | <u>Course 1</u><br><u>Course 2</u><br><u>Comments</u> |

### Course Schedule

| <u>Schedule</u> | <u>Start Date/Time</u> | <u>End Date/Time</u> | <u>Company</u> | <u>Course Location</u> |
|-----------------|------------------------|----------------------|----------------|------------------------|
|                 | 08/15/2017 08:00       | 08/17/2017 16:00     |                |                        |

### Instructor

| <u>Instructor</u> | <u>Reserve Date</u> | <u>Course Category</u> | <u>Serial ID</u> | <u>Notes</u> |
|-------------------|---------------------|------------------------|------------------|--------------|
|                   |                     |                        |                  |              |